

# **FACILITATING OFFENDER REENTRY TO REDUCE RECIDIVISM: A WORKSHOP FOR TEAMS**

SEPTEMBER 13-15, 2010, MENLO PARK

## **STATE PARTICIPANT WORKBOOK**









**FEDERAL JUDICIAL CENTER  
STANFORD CRIMINAL JUSTICE CENTER  
JUDICIAL COUNCIL OF CALIFORNIA ADMINISTRATIVE  
OFFICE OF THE COURTS**

**FACILITATING OFFENDER REENTRY TO REDUCE RECIDIVISM:  
A WORKSHOP FOR TEAMS**

STANFORD PARK HOTEL & STANFORD LAW SCHOOL  
STANFORD, CA  
SEPTEMBER 13-15, 2010

**AGENDA**

**Monday, September 13**

7:00-8:00am      *Continental breakfast*  
Location: Woodside Room, third floor

8:00-8:45am      *Welcome and introductory remarks*  
Location: Woodside Room, third floor

Debbie Mukamal, Executive Director, Stanford Criminal Justice Center  
Mark Sherman, Senior Education Attorney, Federal Judicial Center  
Lee Seale, Deputy Chief of Staff, California Department of Corrections  
and Rehabilitation  
Shelley Curran, Manager, Judicial Council of California, Administrative  
Office of the Courts

**THE NATIONAL INSTITUTE OF CORRECTIONS INTEGRATED MODEL  
FOR IMPLEMENTING EFFECTIVE CORRECTIONAL MANAGEMENT  
OF OFFENDERS IN THE COMMUNITY  
AND ITS APPLICATION TO REENTRY COURT**

8:45-9:45am      *Overview of the Integrated Model: Evidence-based practice,  
organizational change and development, and collaboration in reentry  
court*  
Location: Woodside Room, third floor



This session will introduce the *Integrated Model for Implementing Effective Correctional Management of Offenders in the Community*, which consists of three domains: Evidence-based practice; organizational change and development; and collaboration at the system, agency, and case levels. It will provide an overview of the application of these domains to reentry courts. The use of the *Integrated Model* in the federal district of Hawaii will be discussed.

Presenters: Mark Sherman  
Rich Crawford, Chief U.S. Probation Officer (retired),  
District of Hawaii and District of North Dakota

9:45-10:00am *Break*

## **EVIDENCE-BASED PRACTICE AND ITS APPLICATION IN REENTRY COURT**

10:00-11:30am **Federal and state concurrent sessions:**

### ***Federal court session:***

#### ***Evidence-based practice in federal reentry court***

Location: Woodside Room, third floor

The session will explain the use of evidence-based practice in reentry court, focusing on the relationships among offender risk, criminogenic needs, and responsivity to risk and need. The session will emphasize the importance of court partnerships and collaborations with external organizations in order to respond effectively to the risk and needs presented by reentry court participants.

Presenter: Faye S. Taxman, Ph.D., University Professor & Director,  
Center for Advancing Correctional Excellence,  
George Mason University, Fairfax, VA

Discussants: Rich Crawford  
Doug Burris, Chief U.S. Probation Officer, Eastern District  
of Missouri



*State court session:**Evidence-based practice in state reentry court*

Location: Menlo Room, first floor

This session will discuss reentry of drug offenders (include co-occurring disorders) as well as the successful use of evidence based-practices in reentry courts in Dallas, Texas. The program in Texas integrates treatment, supervision and judicial oversight. Additionally, this session will explain evidence-based practice in criminal justice settings, focusing on the relationships among “risk,” “need,” and “responsivity,” and how implementation of evidence-based practice requires stakeholders to change and invest. Finally, This session will review the three primary threats to effective offender reentry: (1) the use of diluted or non-evidence-based services, (2) a rapid degradation of services following release from detention, and (3) the overuse of revocations as opposed to graduated sanctions for technical infractions. Examples of failed programs will be discussed, and the basic principles for effective offender reentry programming will be presented.

Presenter: Douglas B. Marlowe, J.D., Ph.D., Chief of Science, Law, and Policy, National Association of Drug Court Professionals & Adjunct Associate Professor of Psychiatry, University of Pennsylvania School of Medicine

Discussants: Hon. John Creuzot, Criminal District Court, Dallas, TX  
Teresa May-Williams, Ph.D., Deputy Director, Dallas County, CSCD

11:30-1:00pm

*Luncheon presentation: The history of the reentry movement*

Speaker: Joan Petersilia, Ph.D., Adelbert H. Sweet Professor of Law & Faculty Co-director, Stanford Criminal Justice Center

Location: Woodside Room, third floor

Boxed lunches will be provided

Discussants: Dr. Taxman & Dr. Marlowe

Joan Petersilia, one of the “founders” of the prisoner reentry movement in U.S. criminal justice policy, has spent more than 25 years studying the performance of U.S. criminal justice agencies and has been instrumental in affecting sentencing and corrections reform in California and throughout the United States. She is the author of 11 books about crime and public policy, and her research on parole reform, prisoner reintegration and sentencing policy has fueled changes in policies throughout the nation.



## COLLABORATION IN REENTRY COURT

### Federal and state concurrent sessions:

1:15pm-2:45pm

#### ***Federal court session:***

*Simulation: The case conference and the role of team members and group dynamics*

Location: Woodside Room, third floor

This session will examine practical issues of collaboration among reentry court team members by simulating case conferences of two federal reentry drug court teams – the Court Assisted Recovery Effort (CARE) reentry drug court of the District of Massachusetts and the District of Oregon (Eugene Division) Reentry Drug Court – followed by a discussion focusing on similarities and differences in the program models, roles of team members, and group dynamics.

Facilitator: Mark Sherman

CARE Team: Hon. Leo Sorokin, U.S. Magistrate Judge  
Andrew Laudate, U.S. Probation Officer  
Lori Holik, Assistant U.S. Attorney  
Cathy Byrne, Assistant Federal Defender  
Kim Hanton, Treatment Provider

District of Oregon (Eugene Division)  
Team: Hon. Ann Aiken, Chief U.S. District Judge  
Scott Linde, U.S. Probation Officer  
Will Blasher, Deputy Chief U.S. Probation Officer  
Bud Fitzgerald, Assistant U.S. Attorney  
Bryan Lessley, Assistant Federal Defender  
Toni Pisani, AFD Staff Assistant  
Diane Hochstein, SOI Specialist

2:45-3:15pm

*Break & shuttle to law school (Federal teams/faculty only)*



1:15-3:15pm      ***State court sessions:***

1:15-2:00pm    *State collaborative courts 101: An overview of collaborative courts for parole officers*  
Location: Menlo Room, first floor

The California courts participating in the Parolee Reentry Court Program are experienced collaborative courts. Collaborative courts are less adversarial, include service providers on the court team in order to address the multiple needs (i.e., housing, treatment, substance abuse, and mental health) of offenders. These courts are problem-solving focused, proactive, team directed provide enhanced access to information, ongoing judicial supervision, use of sanctions and incentives, direct interaction between litigants and judge community outreach.

Presenters:    Hon. Stephen Manley, Superior Court of California,  
Santa Clara County  
Judge Richard Vlavianos, Superior Court of California,  
San Joaquin County

2:00-3:15pm    *Parole 101: An Overview of Parole for Parolee Reentry Courts*  
Location: Menlo room, first floor

During this session state court teams will learn about parole supervision, levels of supervision, common behaviors that lead to a parole violation and the parole agent's present discretion (i.e., mandatory and non-mandatory referrals) and Valdivia requirements.

Presenters:    Margarita E. Perez, Deputy Director, Division of Adult  
Parole Operations  
Robert Ambroselli, Director, Division of Adult Parole  
Operations

3:15-3:30pm      *Break: State teams*



3:15-5:45pm

***Federal court sessions at Stanford Law School:***

3:15-4:45pm *Practicing the reentry court case conference OR discussion of reentry court collaboration issues*

Location: Stanford Law School

In an effort to better understand the dynamics and challenges of collaboration, each new federal reentry court will have an opportunity to practice a case conference using a hypothetical scenario; operational federal reentry courts will have an opportunity to discuss existing collaboration challenges, identify strengths and weaknesses, and identify areas for additional training and possible solutions.

District of Nevada  
Facilitator: Mark Sherman  
Location: Room 172

Northern District of California – San Francisco  
Facilitator: Angela Long, Senior Education Specialist, FJC  
Location: Room 79A

Northern District California – Oakland  
Facilitator: Rich Crawford  
Location: Room: B13

District of Guam  
Self-facilitated  
:Location: Room 90

Eastern District of Washington – Spokane  
Self-facilitated  
Location: Room 271

Eastern District of Washington – Yakima  
Self-facilitated  
Location: Room 272

District of Hawaii – Team 1  
Self-facilitated  
Location: Room 90

District of Hawaii – Team 2  
Self-facilitated  
Location: Room 95

District of Oregon – Portland  
Self-facilitated:  
Location: Room 230

District of Oregon – Eugene  
Self-facilitated  
Location: ConLaw Room



4:45-5:45pm      *Reports from federal breakout discussions: Major themes*  
 Location: Stanford Law School

This session will enable participants to report to the group, as a whole, the outcomes of their breakout discussions. Major themes will be articulated, and will serve as a preface for Day 2 presentations and discussions.

Facilitator: Angela Long, Senior Education Specialist, FJC

5:45pm      *Adjournment (federal)*

3:30-5:15pm      ***State court sessions at Stanford Park Hotel:***

3:30-4:30pm      *General meeting*  
 Location: Menlo Room, first floor

4:30-5:15pm      *Team Meetings: Reflections*  
 Location: Menlo Room, first floor

Reflect on what has been learned today and how it might help move the local team forward

5:15pm      *Adjournment (state)*

5:45pm      *Shuttle to law school (California teams/faculty only)*

6:00pm      *Reception sponsored by Stanford Law School*  
 Location: Law Lounge



**Tuesday, September 14**

**REENTRY COURT AND  
ORGANIZATIONAL CHANGE AND DEVELOPMENT**

7:00-8:00am *Continental breakfast*  
Location: Woodside Room

8:00-8:30am *Announcements and Overview of Day 2*  
Location: Woodside Room

Facilitators: Mark Sherman  
Michael Roosevelt, Senior Court Staff Analyst, Judicial  
Council of California, Administrative Office of the Courts

8:30-9:30am *Breakout discussions: Stakeholder roles in a collaborative environment and organizational implications*

The purpose of these breakout discussions is to enable members of each stakeholder group to discuss challenges related to their participation in a collaborative reentry effort. Participants will discuss how they would address issues within their role as judge, probation officer, prosecutor, defense attorney, etc., including how their roles would be different than in a traditional court setting. What ethical issues, if any, are presented and how might they be resolved? What implications, if any, might the collaborative approach raise for the agency within which each stakeholder works? How to provide services during these challenging fiscal times?

Group 1: Judicial Officers

Facilitators: Judge Baranco, Judge Cooke, Judge Sorokin  
Location: Woodside Room, third floor

Group 2: California Department of Corrections and Rehabilitation

Facilitator: Robert Ambroselli or designee  
Location: Los Altos Room, fourth floor

Group 3: Probation Officers

Facilitators: Doug Burris, Rich Crawford  
Location: Reserved Guest Room

Group 4: Prosecutors

Facilitator: Bud Fitzgerald and/or Lori Holik  
Location: Los Altos Room, fourth floor

Group 5: Defenders



Facilitator: Cathy Byrne and/or Bryan Lessley  
 Location: Menlo Room, first floor

Group 6: Reentry Court Coordinators  
 Facilitator: Maureen Barden  
 Location: Woodside Room, third floor

Group 7: Treatment Providers  
 Facilitator: Kim Hanton  
 Location: Menlo Room, first floor

9:30-9:45am *Break*

9:45-10:45am *Reports from breakout discussions: Major themes*  
 Location: Woodside Room

This session will enable participants to report to the group, as a whole, the outcomes of their breakout discussions. Major themes will be articulated, including role-oriented and ethical issues. This session will also discuss the organizational implications – at the court-wide and agency levels – that result from using a collaborative approach.

Facilitator: Mark Sherman

10:45-11:00am *Break*

11:00am- 12:30pm *The reentry court judge's role in leading organizational change and working with collaborative teams*

This session will feature federal and state court judges who have been involved in collaborative judicial initiatives. They will discuss the judge's role in leading and participating in such efforts, including issues such as transforming the court culture to support the new way of doing business, managing the transition, dealing effectively with resistance from colleagues and employees, and balancing innovation with evidence-based practice.

Panel: Hon. Ann Aiken, Chief U.S. District Judge, District of Oregon

Hon. Stephen Manley, Superior Court of California, Santa Clara County

Hon. Leslie Kobayashi, U.S. Magistrate Judge, District of Hawaii

Moderators: Hon. Gordon Baranco, Superior Court of California, Alameda County, California



Hon. Valerie Cooke, U.S. Magistrate Judge, District of Nevada

12:30pm-1:45pm      *Luncheon Panel: Perspectives on reentry from former offenders*

High-risk state and federal offenders will discuss their experiences in the system and in the community. They will provide their perspective on what works in facilitating reentry and what does not.

Moderator:              Judge Richard Vlavianos, Superior Court of California, San Joaquin County

Panelists:                Kelly Turner; Chaji McKee; Jim Abney; Eric Washington

2:00-3:15pm            *Evidence-based sentencing and reentry courts*  
Location: Woodside Room

An important reform in state sentencing and corrections practice taking place today is the incorporation of principles of “evidence-based practice” into state sentencing and corrections policy and practice. Over the past fifteen years there has emerged a voluminous body of rigorous research proving that certain research-based approaches to corrections and sentencing can effectively change offender behavior and significantly reduce offender recidivism. From this underlying and growing body of research, several basic principles of “evidence-based sentencing” to reduce the risk of offender recidivism have been distilled.

Speaker: Hon. Roger K. Warren, Judge in Residence, Judicial Council of California; President Emeritus, National Center for State Courts

Discussant:      Hon. Jeffrey Tauber, Superior Court of California, Alameda County (retired); President Emeritus, National Association of Drug Court Professionals

3:15-3:30pm            *Break*



3:30-5:00pm

**Federal and state concurrent sessions:*****Federal court session:***

3:30-5:00pm *Organizational issues and challenges for reentry court teams*

Location: Woodside Room

The purpose of the this discussion is to enable newly established reentry court teams to discuss with existing teams organizational “nuts and bolts” issues, such as structuring the reentry court, staffing, specific features the court should/must contain, entering into an MOU with other stakeholders, measuring outcomes, program evaluation, etc.

Facilitators: Mark Sherman  
Angela Long  
Rich Crawford

5:00pm *Adjournment (federal)*

***State court sessions:***

3:30-4:15pm *Practicing the Reentry Court Case Conference or Discussion of Reentry Court Collaboration Issues-Hypothetical*

Location: Menlo Room

This session will use a hypothetical case/scenario that considers how evidence-based practice will inform team decisions.

4:15-5:15pm *Practicing the Reentry Court Case Conference or Discussion of Reentry Court Collaboration Issues-Hypothetical: Team Reports*

Location: Menlo Room

5:15pm *Adjournment (state)*



## Wednesday, September 15

7:00-8:00am      *Continental breakfast*  
Location: Woodside Room

8:00-9:00am      *The mentally ill offender in reentry court*  
Location: Woodside Room

In this session, the challenges presented by mentally ill offenders in reentry court will be discussed, along with evidence-based interventions for such offenders.

Presenter:      Pablo Stewart, M.D., Clinical Professor of Psychiatry,  
University of California San Francisco School of Medicine

### **CHALLENGES IN IMPLEMENTATION PLANNING FOR REENTRY COURTS**

9:00-9:30am      *Guidance for planning*  
Location: Woodside Room

New and existing teams will be provided with guidance for thinking through challenges to implementing evidence-based practice and action planning for reentry courts. This session will include concluding remarks.

Facilitators:      Mark Sherman  
Michael Roosevelt  
Debbie Mukamal

Concluding  
Remarks:      Robert Weisberg, Edwin E. Huddleson, Jr. Professor of  
Law & Faculty Co-director, Stanford Criminal Justice  
Center

9:30-9:45am      *Break*



9:45am

**Federal and state concurrent sessions:**9:45-11:45am ***Federal court sessions:****Team Planning*

Location: Various (Woodside, Stanford, guest room, etc.)

The purpose of these breakout discussions is to enable each team to analyze the degree to which implementing the *Integrated Model* is viable in their court and to begin outlining an action plan. Workshop faculty will be available to each team for consultation.

11:45am *Adjournment (federal)*9:45-1:00pm ***State court sessions:***9:45-10:30am *Program evaluation, measurement, and data collection*

Location: Menlo Room

California reentry court teams will meet to discuss reentry court program evaluation, measurement, and data collection.

Presenters: Francine Byrne, MA, Supervising Research Analyst, AOC  
Arley Lindberg, MSW, Research Analyst, AOC

10:45-12:00 noon *State Court Team Meetings*  
Location: Menlo Room

12:00-1:00 pm *California Emergency Management Agency (Cal-EMA)*

Presenter: Michael Bright, Criminal Justice Specialist, Drug Enforcement Section  
CA Emergency Management Agency (Cal-EMA)

1:00pm *Adjournment (state)*



**PAROLEE REENTRY COURT PROGRAM**

**SEN. BILL X3 18**



(9) It is the intent of the Legislature that efforts be made with respect to persons who are subject to Section 290.011 who are on parole to engage them in treatment.

SEC. 48. Section 3000.03 is added to the Penal Code, to read:

3000.03. Notwithstanding any other provision of law, the Department of Corrections and Rehabilitation shall not return to prison, place a parole hold on pursuant to Section 3056, or report any parole violation to the Board of Parole Hearings regarding any person to whom all of the following criteria apply:

(a) The person is not required to register as a sex offender pursuant to Chapter 5.5 (commencing with Section 290) of Title 9 of Part 1.

(b) The person was not committed to prison for a serious felony as defined in Sections 1192.7 and 1192.8, or a violent felony, as defined in Section 667.5, and does not have a prior conviction for a serious felony, as defined in Section 1192.7 and 1192.8, or a violent felony, as defined in Section 667.5.

(c) The person was not committed to prison for a sexually violent offense as defined in subdivision (b) of Section 6600 of the Welfare and Institutions Code and does not have a prior conviction for a sexually violent offense as defined in subdivision (b) of Section 6600 of the Welfare and Institutions Code.

(d) The person was not found guilty of a serious disciplinary offense, as defined in regulation by the department, during his or her current term of imprisonment.

(e) The person is not a validated prison gang member or associate, as defined in regulation by the department.

(f) The person did not refuse to sign any written notification of parole requirements or conditions, including, but not limited to, the written notification of requirements pursuant to Section 3067.

(g) The person was evaluated by the department using a validated risk assessment tool and was not determined to pose a high risk to reoffend.

SEC. 49. Article 2.3 (commencing with Section 3015) is added to Chapter 8 of Title 1 of Part 3 of the Penal Code, to read:

#### Article 2.3. Parole Reentry Accountability Program

3015. (a) The Secretary of the Department of Corrections and Rehabilitation shall establish a parole reentry accountability program for parolees who have been sentenced to a term of imprisonment under Section 1170. The purpose of the program is to promote public safety, hold parolees accountable, and reduce recidivism.

(b) The department shall employ a parole violation decisionmaking instrument to determine the most appropriate sanctions for these parolees who violate their conditions of parole.

(1) For purposes of this subdivision, a “parole violation decisionmaking instrument” means a standardized tool that provides ranges of appropriate



sanctions for parole violators given relevant case factors, including, but not limited to, offense history, risk of reoffense based on a validated risk assessment tool, need for treatment services, the number and type of current and prior parole violations, and other relevant statutory requirements.

(2) The department shall adopt emergency regulations to implement this section initially, and shall subsequently adopt permanent regulations that make appropriate changes in policies and procedures to reflect the intent of this section.

(c) The secretary shall have the discretion to establish additional tools and standards to further the purposes of this section.

(d) Parolees subject to this program with a history of substance abuse or mental illness who violate their conditions of parole may be referred by the department to a reentry court program established pursuant to subdivision (e).

(1) A parolee who is deemed eligible by the department to participate in a reentry court program may be referred by his or her parole officer for participation in the program. The court shall have the discretion to determine if the parolee will be admitted into the program and, in making this determination, shall consider, among other factors, whether the parolee will benefit from the program, the risk the parolee poses to the community, and the history and nature of the committing offense.

(2) If the court determines that the parolee will be admitted into the program, the court, with the assistance of the parolee's parole agent, shall have exclusive authority to determine the appropriate conditions of parole, order rehabilitation and treatment services to be provided, determine appropriate incentives, order appropriate sanctions, lift parole holds, and hear and determine appropriate responses to alleged violations, unless and until the court terminates the parolee's enrollment in the program authorized by subdivision (e).

(3) A reentry court program plan shall include, but not be limited to, all of the following:

(A) The anticipated number of parolees who will be served by the program.

(B) The method by which each parolee who is eligible for the program shall be referred to the program.

(C) The method by which each parolee is to be individually assessed as to his or her treatment and rehabilitative needs and the level of community and court monitoring required by the program.

(D) The criteria for continued participation in, and successful completion of, the program, as well as the criteria for termination from the program and referral to the parole revocation process.

(E) A description of how the program shall be administered effectively.

(F) An established method by which to report outcome measures for program participants.

(G) The development of a program team, as well as a plan for ongoing training in utilizing the drug court and collaborative court nonadversarial model.



(e) (1) Subject to funding made available for this purpose, the secretary shall enter into a memorandum of understanding with the Administrative Office of the Courts for the purpose of the establishment and operation of parolee reentry court programs. Only courts with existing drug and mental health courts or courts that otherwise demonstrate leadership and a commitment to conduct the reentry court authorized by this section may participate in this program. These parolee reentry court programs shall, with the assistance of the parolee's parole agent, direct the treatment and supervision of parolees who would benefit from community drug treatment or mental health treatment. The purpose of reentry court programs created pursuant to this subdivision is to promote public safety, hold parolees accountable, and reduce recidivism. The program shall include key components of drug and collaborative courts using a highly structured model, including close supervision and monitoring, dedicated calendars, nonadversarial proceedings, frequent drug and alcohol testing, and close collaboration between the respective entities involved to improve the parolee's likelihood of success on parole.

(2) The Judicial Council, in collaboration with the department, shall design and perform an evaluation of the program that will assess its effectiveness in reducing recidivism among parolees and reducing parole revocations.

(3) The Judicial Council, in collaboration with the department, shall submit a final report of the findings from its evaluation of the program to the Legislature and the Governor no later than 3 years after the establishment of a reentry court pursuant to this section.

SEC. 50. Section 4019 of the Penal Code is amended to read:

4019. (a) The provisions of this section shall apply in all of the following cases:

(1) When a prisoner is confined in or committed to a county jail, industrial farm, or road camp, or any city jail, industrial farm, or road camp, including all days of custody from the date of arrest to the date on which the serving of the sentence commences, under a judgment of imprisonment, or a fine and imprisonment until the fine is paid in a criminal action or proceeding.

(2) When a prisoner is confined in or committed to the county jail, industrial farm, or road camp or any city jail, industrial farm, or road camp as a condition of probation after suspension of imposition of a sentence or suspension of execution of sentence, in a criminal action or proceeding.

(3) When a prisoner is confined in or committed to the county jail, industrial farm, or road camp or any city jail, industrial farm, or road camp for a definite period of time for contempt pursuant to a proceeding, other than a criminal action or proceeding.

(4) When a prisoner is confined in a county jail, industrial farm, or road camp, or a city jail, industrial farm, or road camp following arrest and prior to the imposition of sentence for a felony conviction.

(b) (1) Except as provided in Section 2933.1 and paragraph (2), subject to the provisions of subdivision (d), for each four-day period in which a prisoner is confined in or committed to a facility as specified in this section,

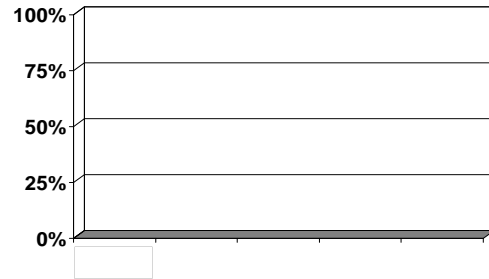


## Reentry of Drug Offenders

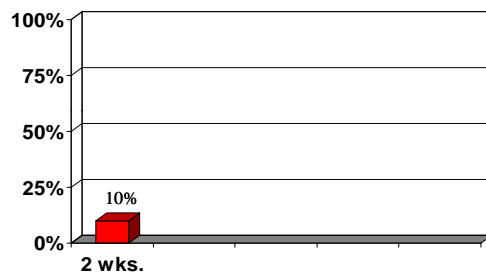
**Douglas B. Marlowe, J.D., Ph.D.**  
*National Association of Drug Court Professionals*



## Drug Use After Prison

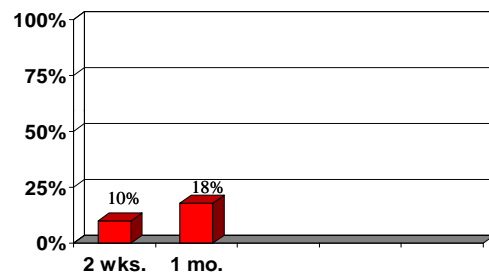


## Drug Use After Prison



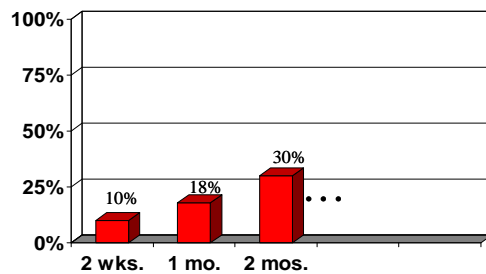
Pelissier et al., 2007

## Drug Use After Prison



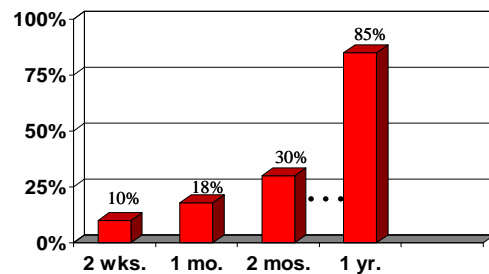
Pelissier et al., 2007

## Drug Use After Prison



Pelissier et al., 2007

## Drug Use After Prison

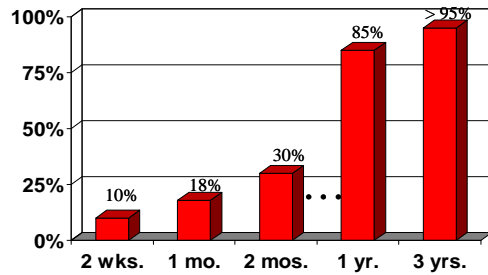


Pelissier et al., 2007

E.g., Butzin et al., 2002



## Drug Use After Prison



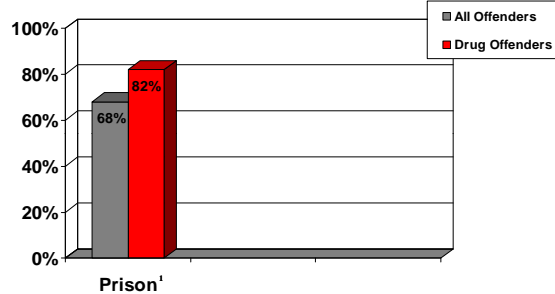
Pelissier et al., 2007

E.g., Butzin et al., 2002

## Re-Arrest Rates

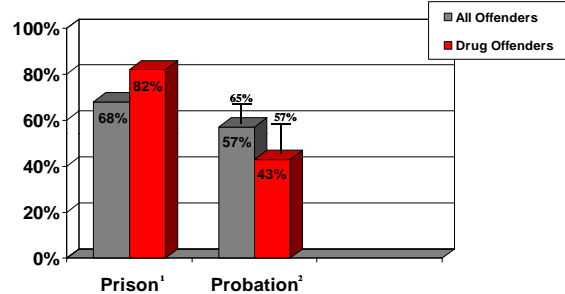


## Re-Arrest Rates



<sup>1</sup> BJS, 2002; Spohn & Holleran, 2002

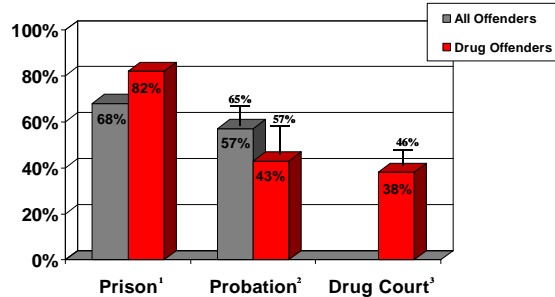
## Re-Arrest Rates



<sup>1</sup> BJS, 2002; Spohn & Holleran, 2002

<sup>2</sup> Latimer et al., 2006; Petersilia et al. 1985; Shaffer, 2006; Spohn & Holleran, 2002; Wilson et al., 2006

## Re-Arrest Rates



<sup>1</sup> BJS, 2002; Spohn & Holleran, 2002

<sup>2</sup> Latimer et al., 2006; Petersilia et al. 1985; Shaffer, 2006; Spohn & Holleran, 2002; Wilson et al., 2006

<sup>3</sup> Latimer et al., 2006; Shaffer, 2006; Urban Institute, 2008; Wilson et al., 2006

## Threats to Efficacy

1. Diluted or non-evidence-based services
2. Rapid degradation of services after release from detention
3. Non-graduated sanctions for technical infractions (i.e. overuse of revocation)

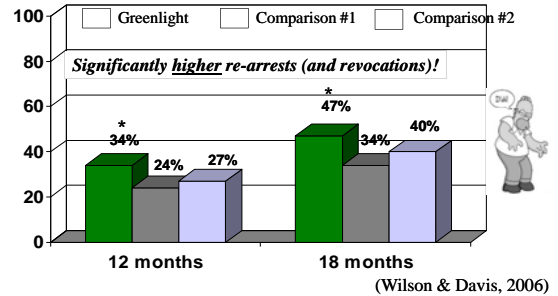


## Project Greenlight

- In-custody transitional services (8 wks.)
- **Abbreviated Reasoning & Rehabilitation**
- Job-readiness training (pre-vocational)
- Social work family therapy model
- Relapse prevention & drug treatment readiness sessions



## Re-Arrest Rates



## Lessons of Greenlight

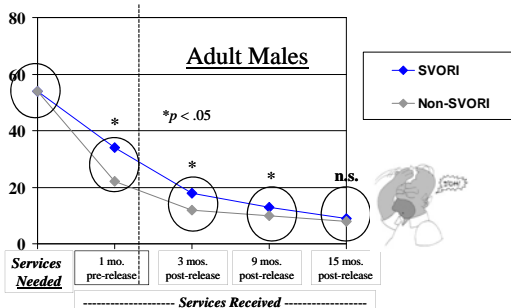
- Non-evidence-based services
- Minimal community-based aftercare
- Leads to iatrogenic effects!



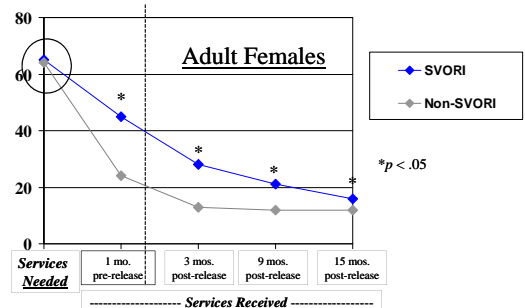
## Serious & Violent Offender Reentry Initiative (SVORI)

- \$100 million in grants
- N = 2,391 participants in 12 adult sites and 4 juvenile sites
- Comprehensive, coordinated services both pre- and post-release
- Matched comparisons (propensity scores)
- Interviews at 1 month pre-release, and 3, 9 and 15 months post-release; arrest records at 24 months post-release

## SVORI Service Provision

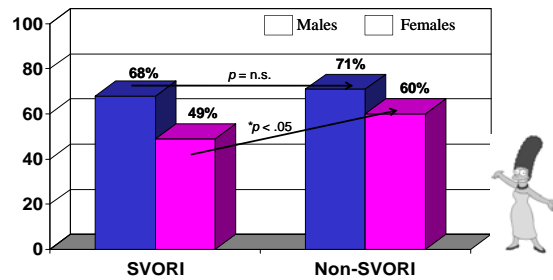


## SVORI Service Provision

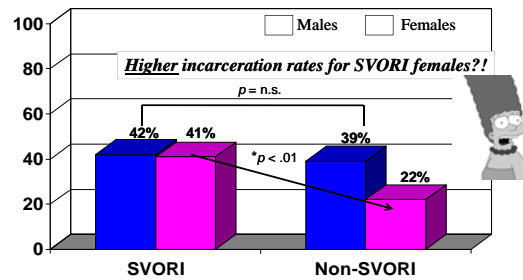




## Re-arrested in 24 Months

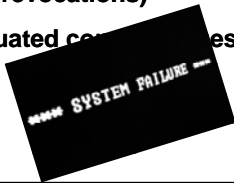


## Re-incarcerated in 24 Mos.



## Lessons of SVORI

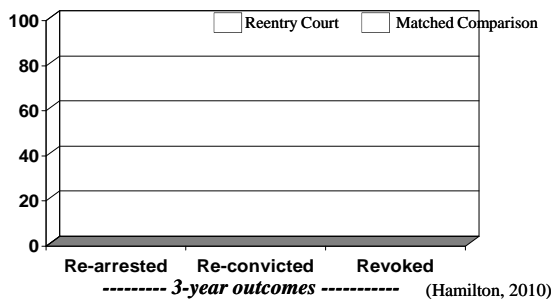
- Prior to release, participants received approximately 65% of needed services
- Services declined rapidly post-release
- Lower re-arrest rates but higher re-incarceration rates (i.e., revocations)
- Suggests need for graduated consequences in lieu of revocations



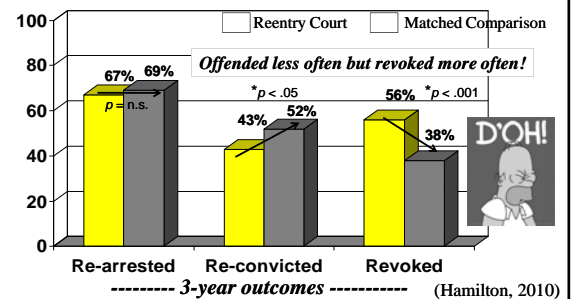
## Harlem Reentry Court

(Hamilton, 2010)

## Harlem Reentry Court



## Harlem Reentry Court





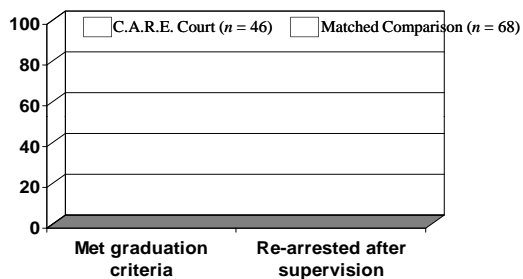
## Lessons of Harlem Study

- **Equivalent re-arrest rates**
- **Lower re-conviction rates**
- **But higher revocation rates!!**
- **Closer supervision leads to greater detection of technical violations**
- **Suggests need for graduated consequences in lieu of revocations**

## Federal Reentry Court

(Farrell, 2009)

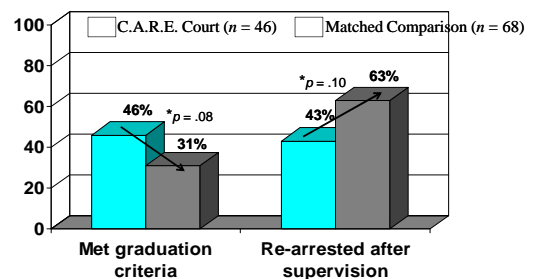
## Federal Reentry Court



(Farrell, 2009)

C.A.R.E. = Court Assisted Recovery Effort (U.S. District of Mass.)

## Federal Reentry Court



(Farrell, 2009)

C.A.R.E. = Court Assisted Recovery Effort (U.S. District of Mass.)

## Lessons of C.A.R.E.

- **Small sample; short follow-up period**
- **Higher completion rates**
- **Lower re-arrest rates**
- **Results are promising, but preliminary**



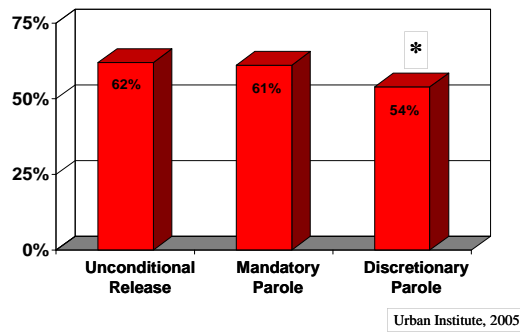
## Basic Principles

- **Discretionary release**





### Rearrest Within Two Years

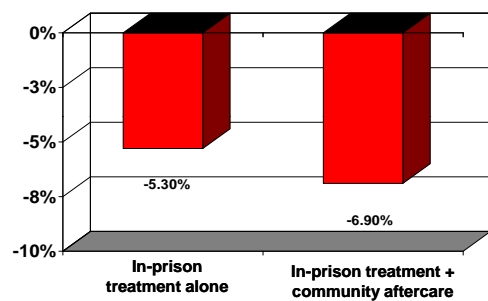


### Basic Principles

- Discretionary release
- Aftercare in the community (at least 180 days)



### Avg. Recidivism Reduction

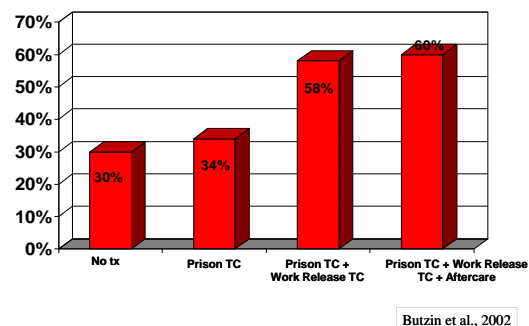


### Basic Principles

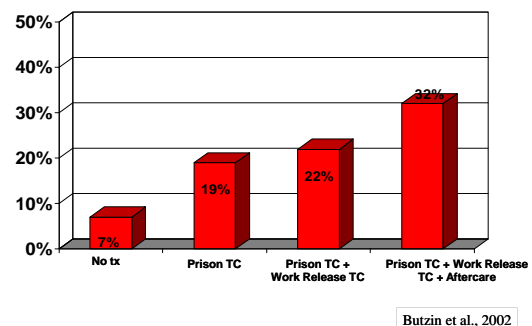
- Discretionary release
- Aftercare in the community (at least 180 days)
- Step-down from prison to work release to aftercare counseling



### Arrest-Free After 3 Years



### Drug-Free After 3 Years





## Basic Principles

- Discretionary release
- Aftercare in the community (at least 180 days)
- Step-down from prison to work release to aftercare counseling



## Basic Principles

- Discretionary release
- Aftercare in the community (at least 180 days)
- Step-down from prison to work release to aftercare counseling
- Safe & drug-free housing
- Evidence-based treatments



## Evidence-Based Treatments

- Manualized, structured, several hrs. / wk.
- Behavioral and cognitive-behavioral
  - Criminal thinking & adaptive problem-solving
  - Graduated sanctions & incentives
- On-the-job vocational training
- Family-based interventions
  - Behavioral contracting
  - Reinforcement training
- Prescribed medications

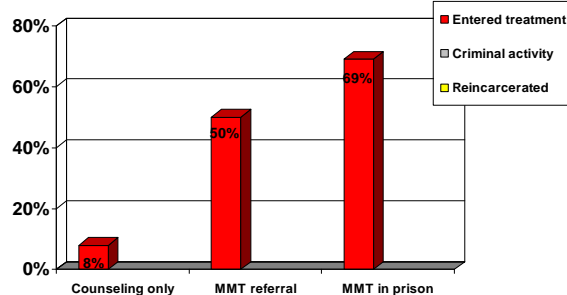


## Methadone: 3 mos.



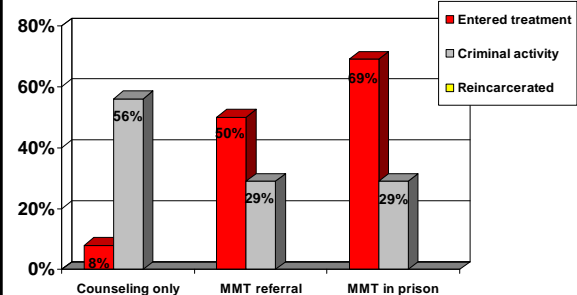
Kinlock et al., 2008

## Methadone: 3 mos.



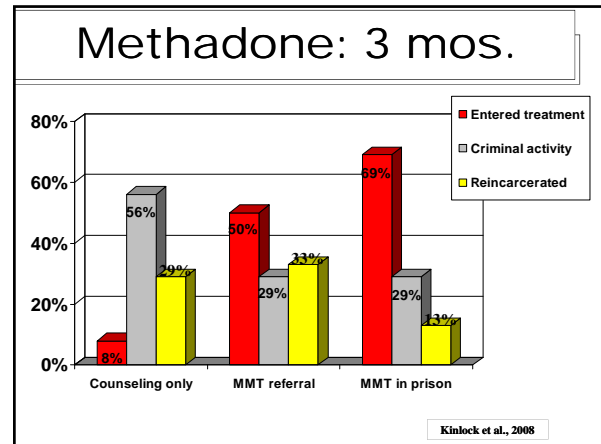
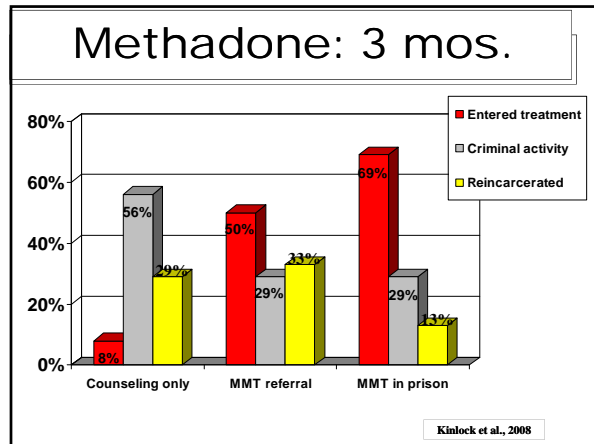
Kinlock et al., 2008

## Methadone: 3 mos.



Kinlock et al., 2008







## Evidence-Based Practices Re-Entry Courts

Hon. John C. Creuzot  
Dallas, Texas  
Teresa May-Williams, Ph.D.  
Assistant Director  
Dallas County CSCD

## Texas Definition of Re-Entry Courts



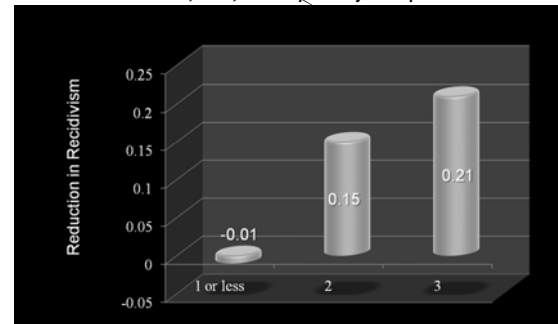
Texas law allows  
probation even with  
prior convictions!

## Principles of Effective Intervention Apply to Re-entry Court Programs

- Risk Principle – target higher risk offenders (WHO).  
– Use empirically validated actuarial risk assessment tools (e.g. LSI-R)
- Need Principle – target criminogenic risk/need factors (WHAT).
- Treatment Principle – use behavioral approaches (HOW).
- Responsivity Principle: delivering programs that are consistent with the ability and learning style of the offender (How).
- Fidelity Principle – implement program as designed (HOW WELL).

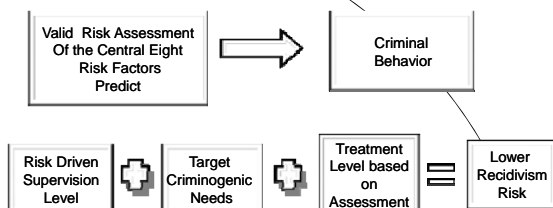
## Relapse prevention programs that adhere to evidenced based principles have better outcomes!

*Risk, Need, and Responsivity Principles*



Dowden, Antonowitz, & Andrews (2003)

## Evidence-Based Model



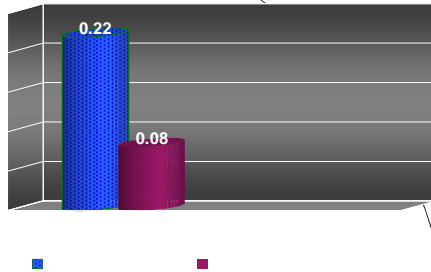
## Common Problems with Offender Assessment

- ❑ Assess offenders but process ignores important factors.
- ❑ Assess offenders but don't distinguish levels (high, moderate, low).
- ❑ Assess offenders then don't use it – everyone gets the same treatment.
- ❑ Make errors and don't correct.
- ❑ Don't assess offenders at all.
- ❑ Do not adequately train staff in use or interpretation.
- ❑ Assessment instruments are not validated or normed.

Latessa

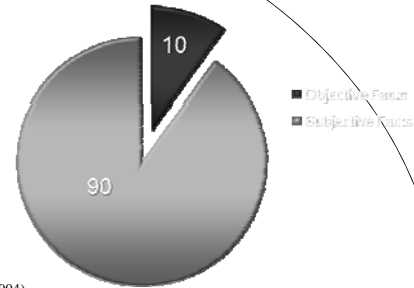


### Actuarial Assessment of Risk is Best!



Goggins (1994)

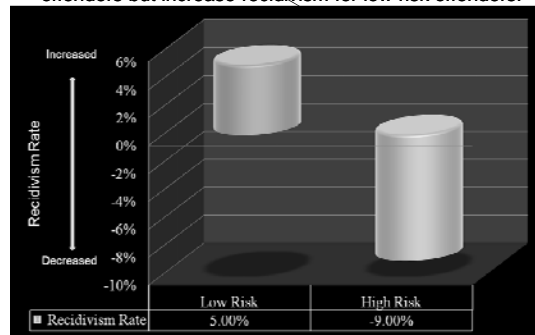
Research has shown less than 10% of variability in sentencing can be accounted for by objectively defined facts.



(Costanzo, 2004).

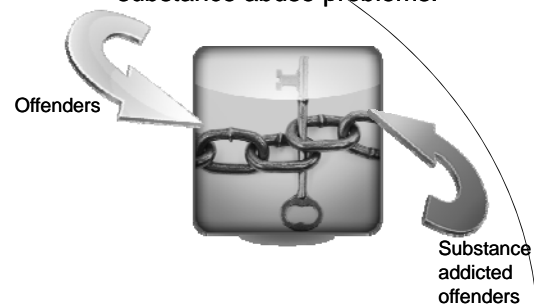
### Who to target?

Re-entry programs decrease recidivism for high risk offenders but increase recidivism for low risk offenders!



Halfway House Study of Re-entry program (3500 Treated, 3500 Supervision Only) Lowenkamp & Latessa (2005)

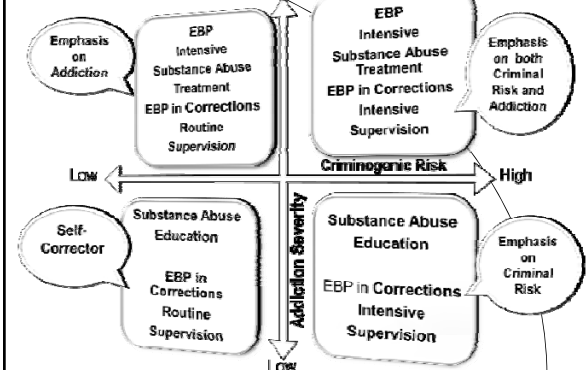
The strongest risk factors for recidivism are shared by those with and without substance abuse problems.



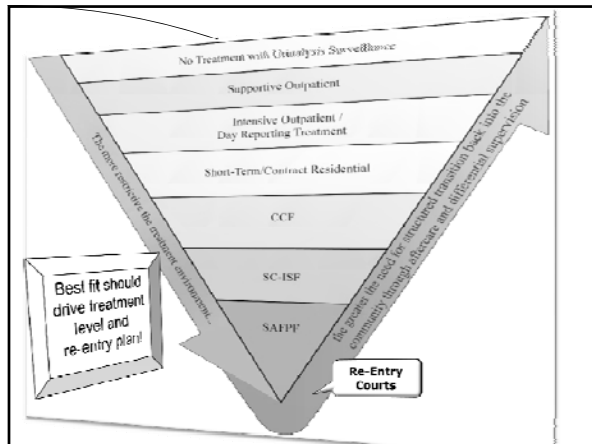
### What to target? Central Eight Risk Factors



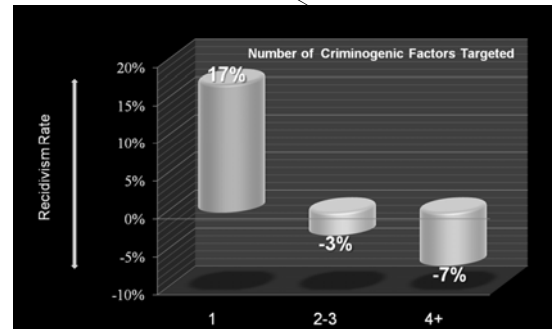
### Better Fit Based on Risk and Addiction Severity = Better Outcomes!







Re-entry program outcomes depend on the number of criminogenic factors the program targets!



Lowenkamp & Latessa (2005)

N = 62 CSOs/154 Clients

Criminogenic Need	# Identified	Discussed (%)
Accommodation	21	12 (57%)
Employment	28	16 (57%)
Substance Abuse	32	25 (78%)
Criminal Attitude	34	3 (8.8%)
Family/Marital	40	38 (90%)
Financial	26	9 (34%)
Emotional	17	11 (64%)
Criminogenic Companions	38	8 (21%)

Time Spent Discussing Criminogenic Need	Percent Recidivated
0 to 19 Minutes	49%
20 to 39 Minutes	36%
More than 40 Minutes	3%

Bonta, Rugge, Scott, Bourgon, & Yessine, *Journal of Offender Rehabilitation* (2008)

## What to do?

- Spend less time monitoring and more time focusing on criminogenic factors!
  - When officers spent a significant amount of time dealing with their client's problems or criminogenic needs compared to spending little time on them, the recidivism rates were significantly lower (36% vs. 49% respectively).
  - When officers focused on compliance issues (defined as spending more than 15 minutes in a session on this topic), the recidivism rates were actually higher compared to spending less than 15 minutes on issues of compliance (42.3% vs. 18.9%).

Bonta, Rugge, Scott, Bourgon, & Yessine, *Journal of Offender Rehabilitation* (2008)

## How to target? Most Effective Behavioral Models

- Structured social learning where new skills and behaviors are modeled.
- Cognitive behavioral approaches that target criminogenic risk factors.
- Family based approaches that train family on appropriate techniques.

## The Four Principles of Cognitive Intervention

- ❑ Thinking affects behavior.
- ❑ Anti-social, distorted, unproductive irrational thinking causes antisocial and unproductive behavior.
- ❑ Thinking can be influenced.
- ❑ We can change how we feel and behave by changing what we think.



## Dallas County Re-Entry Court

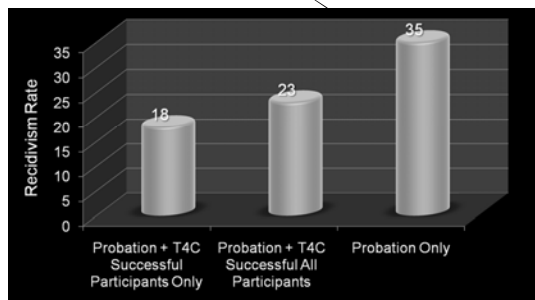
“Strategies for Change” curriculum (Wanberg & Milkman) that targets both criminal thinking and addiction. The curriculum includes a fidelity measure.

## Can you reduce arrests for new criminal behavior by targeting criminal thinking?

- Tippecanoe County Indiana
- Probation + Thinking for a Change (T4C) vs. probation
- 136 Treatment cases
- 97 Comparison cases
- Variable follow up (range 6 to 64 months; average 26)
- Outcome—arrest for new criminal behavior

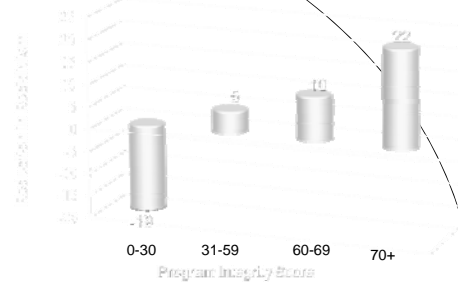
Lowenkamp and Latessa (2006)

## Recidivism Rates Comparing T4C Participants to Comparison Group



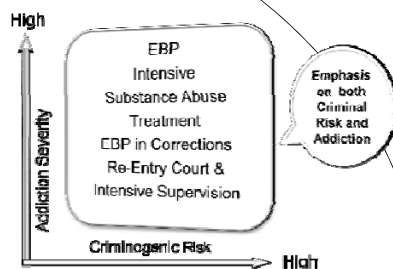
Lowenkamp and Latessa (2006)

Even the best programs do not work if they are not implemented correctly!

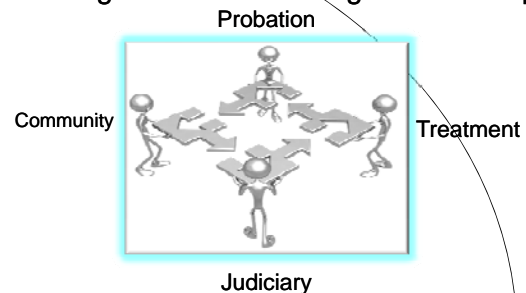


Lowenkamp, Latessa, & Smith (2006)

## Dallas County Re-Entry Court Target Population

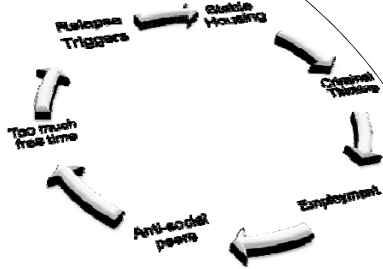


## Dallas County Re-Entry Court Achieving the Mission through Partnerships





Seamless communication between team members to continually address criminogenic factors



### Summary: What to do?

- ❑ Assess for Risk/Needs using a validated risk instrument.
- ❑ Focus on clients with high risk/high addiction severity.
- ❑ Target at least 4-6 criminogenic factors.
- ❑ Spend more time discussing criminogenic factors and less time talking about specific conditions.
- ❑ Use problem solving to address compliance issues.
- ❑ Remember negative pressure (threats, confrontation) is stronger than positive strategies in impacting recidivism.
- ❑ Coordinate with the community and re-entry court team to target high risk/high addiction severity.

### Contact Information

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Drug Courts Resource Series

## ***Defining Drug Courts:***

# THE KEY COMPONENTS



In collaboration with  
National Association  
of Drug Court  
Professionals



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**Office of Justice Programs**  
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Washington, DC 20531

**John Ashcroft**  
*Attorney General*

**Deborah J. Daniels**  
*Assistant Attorney General*

**Domingo S. Herraiz**  
*Director, Bureau of Justice Assistance*

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**Office of Justice Programs**  
Partnerships for Safer Communities  
*[www.ojp.usdoj.gov](http://www.ojp.usdoj.gov)*

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**Bureau of Justice Assistance**  
*[www.ojp.usdoj.gov/BJA](http://www.ojp.usdoj.gov/BJA)*

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**NCJ 205621**

The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.



# **Defining Drug Courts: The Key Components**

**January 1997  
Reprinted October 2004**

**The National Association of Drug Court Professionals  
Drug Court Standards Committee**

This document was prepared by the National Association of Drug Court Professionals under Grant No. 96–DC–MX–K001, awarded by the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official positions or policies of the U.S. Department of Justice.

## **Notice**

In November 2002, the Bureau of Justice Assistance (BJA) assumed responsibility for administering the Drug Court Grant Program and the Drug Court Training and Technical Assistance Program. For further information, please contact BJA.



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## Key Component #1

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### **Drug courts integrate alcohol and other drug treatment services with justice system case processing.**

#### **Purpose**

The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offenders dependent on alcohol and other drugs. Realization of these goals requires a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, TASC programs, evaluators, an array of local service providers, and the greater community. State-level organizations representing AOD issues, law enforcement and criminal justice, vocational rehabilitation, education, and housing also have important roles to play. The combined energies of these individuals and organizations can assist and encourage defendants to accept help that could change their lives.

The criminal justice system has the unique ability to influence a person shortly after a significant triggering event such as arrest, and thus persuade or compel that person to enter and remain in treatment. Research indicates that a person coerced to enter treatment by the criminal justice system is likely to do as well as one who volunteers.<sup>1</sup>

Drug courts usually employ a multiphased treatment process, generally divided into a stabilization phase, an intensive treatment phase, and a transition phase. The stabilization phase may include a period of AOD detoxification, initial treatment assessment, education, and screening for other needs. The intensive treatment phase typically involves individual and group counseling and other core and adjunctive therapies as they are available (see Key Component #4). The transition phase may emphasize social reintegration, employment and education, housing services, and other aftercare activities.

#### **Performance Benchmarks**

1. Initial and ongoing planning is carried out by a broad-based group, including persons representing all aspects of the criminal justice system, the local treatment delivery system, funding agencies, and the local community's other key policymakers.
2. Documents defining the drug court's mission, goals, eligibility criteria, operating procedures, and performance measures are collaboratively developed, reviewed, and agreed upon.

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<sup>1</sup> Hubbard, R., Marsden, M., Rachal, J., Harwood, H., Cavanaugh E., and Ginzburg, H. Drug Abuse Treatment: A National Study of Effectiveness. Chapel Hill: University of North Carolina Press, 1989.

Pringle G.H., Impact of the criminal justice system on substance abusers seeking professional help, Journal of Drug Issues, Summer, pp. 275–283, vol 12, no. 3, 1982.



- 
3. Abstinence and law-abiding behavior are the goals, with specific and measurable criteria marking progress. Criteria may include compliance with program requirements, reductions in criminal behavior and AOD use, participation in treatment, restitution to the victim or to the community, and declining incidence of AOD use.
  4. The court and treatment providers maintain ongoing communication, including frequent exchanges of timely and accurate information about the individual participant's overall program performance.<sup>2</sup>
  5. The judge plays an active role in the treatment process, including frequently reviewing treatment progress. The judge responds to each participant's positive efforts as well as to noncompliant behavior.
  6. Interdisciplinary education is provided for every person involved in drug court operations to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.
  7. Mechanisms for sharing decisionmaking and resolving conflicts among drug court team members, such as multidisciplinary committees, are established to ensure professional integrity.

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<sup>2</sup> All communication about an individual's participation in treatment must be in compliance with the provisions of 42 CFR, Part 2 (the federal regulations governing confidentiality of alcohol and drug abuse patient records), and with similar State and local regulations.



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## Key Component #2

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### **Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.**

#### **Purpose**

To facilitate an individual's progress in treatment, the prosecutor and defense counsel must shed their traditional adversarial courtroom relationship and work together as a team. Once a defendant is accepted into the drug court program, the team's focus is on the participant's recovery and law-abiding behavior—not on the merits of the pending case.

The responsibility of the prosecuting attorney is to protect the public's safety by ensuring that each candidate is appropriate for the program and complies with all drug court requirements. The responsibility of the defense counsel is to protect the participant's due process rights while encouraging full participation. Both the prosecuting attorney and the defense counsel play important roles in the court's coordinated strategy for responding to noncompliance.

#### **Performance Benchmarks**

1. Prosecutors and defense counsel participate in the design of screening, eligibility, and case-processing policies and procedures to guarantee that due process rights and public safety needs are served.
2. For consistency and stability in the early stages of drug court operations, the judge, prosecutor, and court-appointed defense counsel should be assigned to the drug court for a sufficient period of time to build a sense of teamwork and to reinforce a nonadversarial atmosphere.
3. The prosecuting attorney:
  - ☐ Reviews the case and determines if the defendant is eligible for the drug court program.
  - ☐ Files all necessary legal documents.
  - ☐ Participates in a coordinated strategy for responding to positive drug tests and other instances of noncompliance.
  - ☐ Agrees that a positive drug test or open court admission of drug possession or use will not result in the filing of additional drug charges based on that admission.
  - ☐ Makes decisions regarding the participant's continued enrollment in the program based on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.
4. The defense counsel:
  - ☐ Reviews the arrest warrant, affidavits, charging document, and other relevant information, and reviews all program documents (e.g., waivers, written agreements).



- ☐ Advises the defendant as to the nature and purpose of the drug court, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in the drug court will affect his or her interests.
- ☐ Explains all of the rights that the defendant will temporarily or permanently relinquish.
- ☐ Gives advice on alternative courses of action, including legal and treatment alternatives available outside the drug court program, and discusses with the defendant the long-term benefits of sobriety and a drug-free life.
- ☐ Explains that because criminal prosecution for admitting to AOD use in open court will not be invoked, the defendant is encouraged to be truthful with the judge and with treatment staff, and informs the participant that he or she will be expected to speak directly to the judge, not through an attorney.



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## Key Component #3

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**Eligible participants are identified early and promptly placed in the drug court program.**

### **Purpose**

Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can force substance abusing behavior into the open, making denial difficult. The period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of AOD treatment. Judicial action, taken promptly after arrest, capitalizes on the crisis nature of the arrest and booking process.

Rapid and effective action also increases public confidence in the criminal justice system. Moreover, incorporating AOD concerns into the case disposition process can be a key element in strategies to link criminal justice and AOD treatment systems overall.

### **Performance Benchmarks**

1. Eligibility screening is based on established written criteria. Criminal justice officials or others (e.g., pretrial services, probation, TASC) are designated to screen cases and identify potential drug court participants.
2. Eligible participants for drug court are promptly advised about program requirements and the relative merits of participating.
3. Trained professionals screen drug court-eligible individuals for AOD problems and suitability for treatment.
4. Initial appearance before the drug court judge occurs immediately after arrest or apprehension to ensure program participation.
5. The court requires that eligible participants enroll in AOD treatment services immediately.



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## Key Component #4

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### **Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.**

#### **Purpose**

The origins and patterns of AOD problems are complex and unique to each individual. They are influenced by a variety of accumulated social and cultural experiences. If treatment for AOD is to be effective, it must also call on the resources of primary health and mental health care and make use of social and other support services.<sup>3</sup>

In a drug court, the treatment experience begins in the courtroom and continues through the participant's drug court involvement. In other words, drug court is a comprehensive therapeutic experience, only part of which takes place in a designated treatment setting. The treatment and criminal justice professionals are members of the therapeutic team.

The therapeutic team (treatment providers, the judge, lawyers, case managers, supervisors, and other program staff) should maintain frequent, regular communication to provide timely reporting of a participant's progress and to ensure that responses to compliance and noncompliance are swift and coordinated. Procedures for reporting progress should be clearly defined in the drug court's operating documents.

While primarily concerned with criminal activity and AOD use, the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, HIV and sexually-transmitted diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the long-term effects of childhood physical and sexual abuse. If not addressed, these factors will impair an individual's success in treatment and will compromise compliance with program requirements. Co-occurring factors should be considered in treatment planning. In addition, treatment services must be relevant to the ethnicity, gender, age, and other characteristics of the participants.

Longitudinal studies have consistently documented the effectiveness of AOD treatment in reducing criminal recidivism and AOD use.<sup>4</sup> A study commissioned by the Office of National Drug Control Policy found AOD treatment is significantly more cost-effective than domestic law enforcement, interdiction, or "source-country control" in reducing drug use in the United States.<sup>5</sup> Research indicates that the length of time an offender spends in

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<sup>3</sup> Treatment-Based Drug Court Planning Guide and Checklist, Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System, TIP #21, Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing, TIP #23. Rockville, MD: Center for Substance Abuse Treatment, 1996.

<sup>4</sup> The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision. Lipton, D., Washington, DC: National Institute of Justice, Research Report, November 1995.

<sup>5</sup> Rydell, P., Everingham, S. Controlling Cocaine: Supply Versus Demand Programs. Santa Monica, CA: RAND Corporation, Office of National Drug Control Policy, Policy Research Center, 1994.



treatment is related to the level of AOD abuse and criminal justice involvement.<sup>6</sup> A comprehensive study conducted by the State of California indicates that AOD treatment provides a \$7 return for every \$1 spent on treatment. The study found that outpatient treatment is the most cost-effective approach, although residential treatment, sober living houses, and methadone maintenance are also cost-effective.<sup>7</sup> Comprehensive studies conducted in California<sup>8</sup> and Oregon<sup>9</sup> found that positive outcomes associated with AOD treatment are sustained for several years following completion of treatment.

For the many communities that do not have adequate treatment resources, drug courts can provide leadership to increase treatment options and enrich the availability of support services. Some drug courts have found creative ways to access services, such as implementing treatment readiness programs for participants who are on waiting lists for comprehensive treatment programs. In some jurisdictions, drug courts have established their own treatment programs where none existed. Other drug courts have made use of pretrial, probation, and public health treatment services.

### Performance Benchmarks

1. Individuals are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and individuals are suitably matched:
  - ☐ An assessment at treatment entry, while useful as a baseline, provides a time specific “snapshot” of a person’s needs and may be based on limited or unreliable information. Ongoing assessment is necessary to monitor progress, to change the treatment plan as necessary, and to identify relapse cues.
  - ☐ If various levels of treatment are available, participants are matched to programs according to their specific needs. Guidelines for placement at various levels should be developed.
  - ☐ Screening for infectious diseases and health referrals occurs at an early stage.
2. Treatment services are comprehensive:
  - ☐ Services should be available to meet the needs of each participant.
  - ☐ Treatment services may include, but are not limited to, group counseling; individual and family counseling; relapse prevention; 12-step self-help groups; preventive and primary medical care; general health education; medical detoxification; acupuncture for detoxification, for control of craving, and to make people more amenable to treatment; domestic violence programs; batterers’ treatment; and treatment for the long-term effects of childhood physical and sexual abuse.

<sup>6</sup> Field, G. Oregon prison drug treatment programs. In C. Leukefeld and F. Tims (eds.), Drug Abuse Treatment in Prisons and Jails. Research monograph series #108. Rockville, MD: National Institute on Drug Abuse, 1992. Wexler, H., Falkin, G., and Lipton, D. Outcome evaluation of a prison therapeutic community for substance abuse treatment. Criminal Justice and Behavior, 17, pp 71-92, 1990.

<sup>7</sup> Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA) General Report. Sacramento, CA: California Department of Alcohol and Drug Programs, April 1994.

<sup>8</sup> Ibid.

<sup>9</sup> Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon. Salem, OR: Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources, February 1996.



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- ☐ Other services may include housing; educational and vocational training; legal, money management, and other social service needs; cognitive behavioral therapy to address criminal thinking patterns; anger management; transitional housing; social and athletic activities; and meditation or other techniques to promote relaxation and self-control.
  - ☐ Specialized services should be considered for participants with co-occurring AOD problems and mental health disorders. Drug courts should establish linkages with mental health providers to furnish services (e.g., medication monitoring, acute care) for participants with co-occurring disorders. Flexibility (e.g., in duration of treatment phases) is essential in designing drug court services for participants with mental health problems.
  - ☐ Treatment programs or program components are designed to address the particular treatment issues of women and other special populations.
  - ☐ Treatment is available in a number of settings, including detoxification, acute residential, day treatment, outpatient, and sober living residences.
  - ☐ Clinical case management services are available to provide ongoing assessment of participant progress and needs, to coordinate referrals to services in addition to primary treatment, to provide structure and support for individuals who typically have difficulty using services even when they are available, and to ensure communication between the court and the various service providers.
3. Treatment services are accessible:
- ☐ Accommodations are made for persons with physical disabilities, for those not fluent in English, for those needing child care, and/or for persons with limited literacy.
  - ☐ Treatment facilities are accessible by public transportation, when possible.
4. Funding for treatment is adequate, stable, and dedicated to the drug court:
- ☐ To ensure that services are immediately available throughout the participant's treatment, agreements are made between courts and treatment providers. These agreements are based on firm budgetary and service delivery commitments.
  - ☐ Diverse treatment funding strategies are developed based on both government and private sources at national, State, and local levels.
  - ☐ Health care delivered through managed care organizations is encouraged to provide resources for the AOD treatment of member participants.
  - ☐ Payment of fees, fines, and restitution is part of treatment.
  - ☐ Fee schedules are commensurate with an individual's ability to pay. However, no one should be turned away solely because of an inability to pay.
5. Treatment services have quality controls:
- ☐ Direct service providers are certified or licensed where required, or otherwise demonstrate proficiency according to accepted professional standards.
  - ☐ Education, training, and ongoing clinical supervision are provided to treatment staff.



6. Treatment agencies are accountable:
  - ☐ Treatment agencies give the court accurate and timely information about a participant's progress. Information exchange complies with the provisions of 42 CFR, Part 2 (the Federal regulations governing confidentiality of AOD abuse patient records) and with applicable State statutes.
  - ☐ Responses to progress and noncompliance are incorporated into the treatment protocols.
7. Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.



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## Key Component #5

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### **Abstinence is monitored by frequent alcohol and other drug testing.**

#### **Purpose**

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress. Modern technology offers highly reliable testing to determine if an individual has recently used specific drugs. Further, it is commonly recognized that alcohol use frequently contributes to relapse among individuals whose primary drug of choice is not alcohol.

AOD testing results are objective measures of treatment effectiveness, as well as a source of important information for periodic review of treatment progress. AOD testing helps shape the ongoing interaction between the court and each participant. Timely and accurate test results promote frankness and honesty among all parties.

AOD testing is central to the drug court's monitoring of participant compliance. It is both objective and cost-effective. It gives the participant immediate information about his or her own progress, making the participant active and involved in the treatment process rather than a passive recipient of services.

#### **Performance Benchmarks**

1. AOD testing policies and procedures are based on established and tested guidelines, such as those established by the American Probation and Parole Association. Contracted laboratories analyzing urine or other samples should also be held to established standards.
2. Testing may be administered randomly or at scheduled intervals, but occurs no less than twice a week during the first several months of an individual's enrollment. Frequency thereafter will vary depending on participant progress.
3. The scope of testing is sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse, including alcohol.
4. The drug-testing procedure must be certain. Elements contributing to the reliability and validity of a urinalysis testing process include, but are not limited to:
  - ☐ Direct observation of urine sample collection.
  - ☐ Verification temperature and measurement of creatinine levels to determine the extent of water loading.
  - ☐ Specific, detailed, written procedures regarding all aspects of urine sample collection, sample analysis, and result reporting.
  - ☐ A documented chain of custody for each sample collected.



- ☐ Quality control and quality assurance procedures for ensuring the integrity of the process.
  - ☐ Procedures for verifying accuracy when drug test results are contested.
5. Ideally, test results are available and communicated to the court and the participant within one day. The drug court functions best when it can respond immediately to noncompliance; the time between sample collection and availability of results should be short.
  6. The court is immediately notified when a participant has tested positive, has failed to submit to AOD testing, has submitted the sample of another, or has adulterated a sample.
  7. The coordinated strategy for responding to noncompliance includes prompt responses to positive tests, missed tests, and fraudulent tests.
  8. Participants should be abstinent for a substantial period of time prior to program graduation.



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## Key Component #6

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### **A coordinated strategy governs drug court responses to participants' compliance.**

#### **Purpose**

An established principle of AOD treatment is that addiction is a chronic, relapsing condition. A pattern of decreasing frequency of use before sustained abstinence from alcohol and other drugs is common. Becoming sober or drug free is a learning experience, and each relapse to AOD use may teach something about the recovery process.

Implemented in the early stages of treatment and emphasized throughout, therapeutic strategies aimed at preventing the return to AOD use help participants learn to manage their ambivalence toward recovery, identify situations that stimulate AOD cravings, and develop skills to cope with high-risk situations. Eventually, participants learn to manage cravings, avoid or deal more effectively with high-risk situations, and maintain sobriety for increasing lengths of time.

Abstinence and public safety are the ultimate goals of drug courts, many participants exhibit a pattern of positive urine tests within the first several months following admission. Because AOD problems take a long time to develop and because many factors contribute to drug use and dependency, it is rare that an individual ceases AOD use as soon as he or she enrolls in treatment. Even after a period of sustained abstinence, it is common for individuals to occasionally test positive.

Although drug courts recognize that individuals have a tendency to relapse, continuing AOD use is not condoned. Drug courts impose appropriate responses for continuing AOD use. Responses increase in severity for continued failure to abstain.

A participant's progress through the drug court experience is measured by his or her compliance with the treatment regimen. Certainly cessation of drug use is the ultimate goal of drug court treatment. However, there is value in recognizing incremental progress toward the goal, such as showing up at all required court appearances, regularly arriving at the treatment program on time, attending and fully participating in the treatment sessions, cooperating with treatment staff, and submitting to regular AOD testing.

Drug courts must reward cooperation as well as respond to noncompliance. Small rewards for incremental successes have an important effect on a participant's sense of purpose and accomplishment. Praise from the drug court judge for regular attendance or for a period of clean drug tests, encouragement from the treatment staff or the judge at particularly difficult times, and ceremonies in which tokens of accomplishment are awarded in open court for completing a particular phase of treatment are all small but very important rewards that bolster confidence and give inspiration to continue.



Drug courts establish a coordinated strategy, including a continuum of responses, to continuing drug use and other noncompliant behavior. A coordinated strategy can provide a common operating plan for treatment providers and other drug court personnel. The criminal justice system representatives and the treatment providers develop a series of complementary, measured responses that will encourage compliance. A written copy of these responses, given to participants during the orientation period, emphasizes the predictability, certainty, and swiftness of their application.

### **Performance Benchmarks**

1. Treatment providers, the judge, and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance and to enable the court to respond immediately. Procedures for reporting noncompliance are clearly defined in the drug court's operating documents.
2. Responses to compliance and noncompliance are explained verbally and provided in writing to drug court participants before their orientation. Periodic reminders are given throughout the treatment process.
3. The responses for compliance vary in intensity:
  - ☐ Encouragement and praise from the bench.
  - ☐ Ceremonies and tokens of progress, including advancement to the next treatment phase.
  - ☐ Reduced supervision.
  - ☐ Decreased frequency of court appearances.
  - ☐ Reduced fines or fees.
  - ☐ Dismissal of criminal charges or reduction in the term of probation.
  - ☐ Reduced or suspended incarceration.
  - ☐ Graduation.
4. Responses to or sanctions for noncompliance might include:
  - ☐ Warnings and admonishment from the bench in open court.
  - ☐ Demotion to earlier program phases.
  - ☐ Increased frequency of testing and court appearances.
  - ☐ Confinement in the courtroom or jury box.
  - ☐ Increased monitoring and/or treatment intensity.
  - ☐ Fines.
  - ☐ Required community service or work programs.
  - ☐ Escalating periods of jail confinement (however, drug court participants remanded to jail should receive AOD treatment services while confined).
  - ☐ Termination from the program and reinstatement of regular court processing.



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## Key Component #7

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**Ongoing judicial interaction with each drug court participant is essential.**

### **Purpose**

The judge is the leader of the drug court team, linking participants to AOD treatment and to the criminal justice system. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to participants—often for the first time—that someone in authority cares about them and is closely watching what they do.

Drug courts require judges to step beyond their traditionally independent and objective arbiter roles and develop new expertise. The structure of the drug court allows for early and frequent judicial intervention. A drug court judge must be prepared to encourage appropriate behavior and to discourage and penalize inappropriate behavior. A drug court judge is knowledgeable about treatment methods and their limitations.

### **Performance Benchmarks**

1. Regular status hearings are used to monitor participant performance:
  - ☐ Frequent status hearings during the initial phases of each participant's program establish and reinforce the drug court's policies, and ensure effective supervision of each drug court participant. Frequent hearings also give the participant a sense of how he or she is doing in relation to others.
  - ☐ Time between status hearings may be increased or decreased, based on compliance with treatment protocols and progress observed.
  - ☐ Having a significant number of drug court participants appear at a single session gives the judge the opportunity to educate both the offender at the bench and those waiting as to the benefits of program compliance and consequences for noncompliance.
2. The court applies appropriate incentives and sanctions to match the participant's treatment progress.
3. Payment of fees, fines and/or restitution is part of the participant's treatment. The court supervises such payments and takes into account the participant's financial ability to fulfill these obligations. The court ensures that no one is denied participation in drug courts solely because of an inability to pay fees, fines, or restitution.



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## Key Component #8

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### **Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.**

#### **Purpose**

Fundamental to the effective operation of drug courts are coordinated management, monitoring, and evaluation systems. The design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals, and inherent flexibility to make modifications as necessary.

The goals of the program should be described concretely and in measurable terms to provide accountability to funding agencies and policymakers. And, since drug courts will increasingly be asked to demonstrate tangible outcomes and cost-effectiveness, it is critical that the drug court be designed with the ability to gather and manage information for monitoring daily activities, evaluating the quality of services provided, and producing longitudinal evaluations.

Management and monitoring systems provide timely and accurate information about program operations to the drug court's managers, enabling them to keep the program on course, identify developing problems, and make appropriate procedural changes. Clearly defined drug court goals shape the management information system, determine monitoring questions, and suggest methods for finding information to answer them.

Program management provides the information needed for day-to-day operations and for planning, monitoring, and evaluation. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives.

Evaluation is the institutional process of gathering and analyzing data to measure the accomplishment of the program's long-term goals. A process evaluation appraises progress in meeting operational and administrative goals (e.g., whether treatment services are implemented as intended). An outcome evaluation assesses the extent to which the program is reaching its long-term goals (e.g., reducing criminal recidivism). An effective design for an outcome evaluation uses a comparison group that does not receive drug court services.

Although evaluation activities are often planned and implemented simultaneously, process evaluation information can be used more quickly in the early stages of drug court implementation. Outcome evaluation should be planned at the beginning of the program as it requires at least a year to compile results, especially if past participants are to be found and interviewed.

Evaluation strategies should reflect the significant coordination and the considerable time required to obtain measurable results. Evaluation studies are useful to everyone, including funding agencies and policymakers who may not be involved in the daily operations of the program. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program



procedures, change therapeutic interventions, and make decisions about continuing or expanding the program.

Information for management, monitoring, and evaluation purposes may already exist within the court system and/or in the community treatment or supervision agencies (e.g., criminal justice data bases, psychosocial histories, and formal AOD assessments). Multiple sources of information enhance the credibility and persuasiveness of conclusions drawn from evaluations.

### **Performance Benchmarks**

1. Management, monitoring, and evaluation processes begin with initial planning. As part of the comprehensive planning process, drug court leaders and senior managers should establish specific and measurable goals that define the parameters of data collection and information management. An evaluator can be an important member of the planning team.
2. Data needed for program monitoring and management can be obtained from records maintained for day-to-day program operations, such as the numbers and general demographics of individuals screened for eligibility; the extent and nature of AOD problems among those assessed for possible participation in the program; and attendance records, progress reports, drug test results, and incidence of criminality among those accepted into the program.
3. Monitoring and management data are assembled in useful formats for regular review by program leaders and managers.
4. Ideally, much of the information needed for monitoring and evaluation is gathered through an automated system that can provide timely and useful reports. If an automated system is not available manual data collection and report preparation can be streamlined. Additional monitoring information may be acquired by observation and through program staff and participant interviews.
5. Automated manual information systems must adhere to written guidelines that protect against unauthorized disclosure of sensitive personal information about individuals.
6. Monitoring reports need to be reviewed at frequent intervals by program leaders and senior managers. They can be used to analyze program operations, gauge effectiveness, modify procedures when necessary, and refine goals.
7. Process evaluation activities should be undertaken throughout the course of the drug court program. This activity is particularly important in the early stages of program implementation.
8. If feasible, a qualified independent evaluator should be selected and given responsibility for developing and conducting an evaluation design and for preparing interim and final reports. If an independent evaluation is unavailable the drug court program designs and implements its own evaluation, based on guidance available through the field:



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- ☐ Judges, prosecutors, the defense bar, treatment staff, and others design the evaluation collaboratively with the evaluator.
  - ☐ Ideally, an independent evaluator will help the information systems expert design and implement the management information system.
  - ☐ The drug court program ensures that the evaluator has access to relevant justice system and treatment information.
  - ☐ The evaluator maintains continuing contact with the drug court and provides information on a regular basis. Preliminary reports may be reviewed by drug court program personnel and used as the basis for revising goals, policies, and procedures as appropriate.
9. Useful data elements to assist in management and monitoring may include, but are not limited to:
- ☐ The number of defendants screened for program eligibility and the outcome of those initial screenings.
  - ☐ The number of persons admitted to the drug court program.
  - ☐ Characteristics of program participants, such as age, sex, race/ethnicity, family status, employment status, and educational level; current charges; criminal justice history; AOD treatment or mental health treatment history; medical needs (including detoxification); and nature and severity of AOD problems.
  - ☐ Number and characteristics of participants (e.g., duration of treatment involvement, reason for discharge from the program).
  - ☐ Number of active cases.
  - ☐ Patterns of drug use as measured by drug test results.
  - ☐ Aggregate attendance data and general treatment progress measurements.
  - ☐ Number and characteristics of persons who graduate or complete treatment successfully.
  - ☐ Number and characteristics of persons who do not graduate or complete the program.
  - ☐ Number of participants who fail to appear at drug court hearings and number of bench warrants issued for participants.
  - ☐ Rearrests during involvement in the drug court program and type of arrest(s).
  - ☐ Number, length, and reasons for incarcerations during and subsequent to involvement in the drug court program.
10. When making comparisons for evaluation purposes, drug courts should consider the following groups:
- ☐ Program graduates.
  - ☐ Program terminations.



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- ☐ Individuals who were referred to, but did not appear for, treatment.
  - ☐ Individuals who were not referred for drug court services.
11. At least six months after exiting a drug court program, comparison groups (listed above) should be examined to determine long-term effects of the program. Data elements for follow-up evaluation may include:
- ☐ Criminal behavior/activity.
  - ☐ Days spent in custody on all offenses from date of acceptance into the program.
  - ☐ AOD use since leaving the program.
  - ☐ Changes in job skills and employment status.
  - ☐ Changes in literacy and other educational attainments.
  - ☐ Changes in physical and mental health.
  - ☐ Changes in status of family relationships.
  - ☐ Attitudes and perceptions of participation in the program.
  - ☐ Use of health care and other social services.
12. Drug court evaluations should consider the use of cost-benefit analysis to examine the economic impact of program services. Important elements of cost-benefit analysis include:
- ☐ Reductions in court costs, including judicial, counsel, and investigative resources.
  - ☐ Reductions in costs related to law enforcement and corrections.
  - ☐ Reductions in health care utilization.
  - ☐ Increased economic productivity.



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## Key Component #9

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### **Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.**

#### **Purpose**

Periodic education and training ensures that the drug court's goals and objectives, as well as policies and procedures, are understood not only by the drug court leaders and senior managers, but also by those indirectly involved in the program. Education and training programs also help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and AOD treatment personnel, and promote a spirit of commitment and collaboration.

All drug court staff should be involved in education and training, even before the first case is heard. Interdisciplinary education exposes criminal justice officials to treatment issues, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the treatment and the justice system components. Judges and court personnel typically need to learn about the nature of AOD problems and the theories and practices supporting specific treatment approaches. Treatment providers typically need to become familiar with criminal justice accountability issues and court operations. All need to understand and comply with drug testing standards and procedures.

For justice system or other officials not directly involved in the program's operations, education provides an overview of the mission, goals, and operating procedures of the drug court.

A simple and effective method of educating new drug court staff is to visit an existing court to observe its operations and ask questions. On-site experience with an operating drug court provides an opportunity for new drug court staff to talk to their peers directly and to see how their particular role functions.

#### **Performance Benchmarks**

1. Key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures should also define requirements for the continuing education of each drug court staff member.
2. Attendance at education and training sessions by all drug court personnel is essential. Regional and national drug court training provide critical information on innovative developments across the Nation. Sessions are most productive when drug court personnel attend as a group. Credits for continuing professional education should be offered, when feasible.



3. Continuing education institutionalizes the drug court and moves it beyond its initial identification with the key staff who may have founded the program and nurtured its development.
4. An education syllabus and curriculum are developed, describing the drug court's goals, policies, and procedures. Topics might include:
  - ☐ Goals and philosophy of drug courts.
  - ☐ The nature of AOD abuse, its treatment and terminology.
  - ☐ The dynamics of abstinence and techniques for preventing relapse.
  - ☐ Responses to relapse and to noncompliance with other program requirements.
  - ☐ Basic legal requirements of the drug court program and an overview of the local criminal justice system's policies, procedures, and terminology.
  - ☐ Drug testing standards and procedures.
  - ☐ Sensitivity to racial, cultural, ethnic, gender, and sexual orientation as they affect the operation of the drug court.
  - ☐ Interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis").
  - ☐ Federal, State, and local confidentiality requirements.



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## Key Component #10

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### **Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.**

#### **Purpose**

Because of its unique position in the criminal justice system, a drug court is especially well suited to develop coalitions among private community-based organizations, public criminal justice agencies, and AOD treatment delivery systems. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts.

The drug court is a partnership among organizations—public, private, and community-based—dedicated to a coordinated and cooperative approach to the AOD offender. The drug court fosters systemwide involvement through its commitment to share responsibility and participation of program partners. As a part of, and as a leader in, the formation and operation of community partnerships, drug courts can help restore public faith in the criminal justice system.

#### **Performance Benchmarks**

1. Representatives from the court, community organizations, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community meet regularly to provide guidance and direction to the drug court program.
2. The drug court plays a pivotal role in forming linkages between community groups and the criminal justice system. The linkages are a conduit of information to the public about the drug court, and conversely, from the community to the court about available community services and local problems.
3. Partnerships between drug courts and law enforcement and/or community policing programs can build effective links between the court and offenders in the community.
4. Participation of public and private agencies, as well as community-based organizations, is formalized through a steering committee. The steering committee aids in the acquisition and distribution of resources. An especially effective way for the steering committee to operate is through the formation of a nonprofit corporation structure that includes all the principle drug court partners, provides policy guidance, and acts as a conduit for fundraising and resource acquisition.



5. Drug court programs and services are sensitive to and demonstrate awareness of the populations they serve and the communities in which they operate. Drug courts provide opportunities for community involvement through forums, informational meetings, and other community outreach efforts.
6. The drug court hires a professional staff that reflects the population served, and the drug court provides ongoing cultural competence training.



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## Appendix 1: Drug Court Standards Committee

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Bill Meyer, Chairman  
Judge, Denver Drug Court  
Denver, CO

Ed Brekke  
Administrator  
Civil & Criminal Operations  
Los Angeles Superior Court  
Los Angeles, CA

Jay Carver  
Director, District of Columbia  
Pretrial Services Agency  
Washington, DC

Caroline Cooper  
Director  
OJP Drug Court Clearinghouse and  
Technical Assistance Project  
American University  
Washington, DC

Jane Kennedy  
Executive Director  
TASC of King County  
Seattle, WA

Barry Mahoney  
President  
The Justice Management Institute  
Denver, CO

John Marr  
CEO  
Choices Unlimited  
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Carlos J. Martinez  
Assistant Public Defender  
Law Offices of Bennett H. Brummer  
Miami, FL

Molly Merrigan  
Assistant Prosecutor  
Jackson County Drug Court  
Kansas City, MO

Ana Oliveira  
Director  
Samaritan Village  
Briarwood, NY

Roger Peters  
Associate Professor  
University of South Florida  
Florida Mental Health Institute  
Department of Mental Health Law and Policy  
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Frank Tapia  
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### **U.S. Department of Justice Office of Justice Programs Representatives**

Marilyn McCoy Roberts  
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Susan Tashiro  
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Office of Justice Programs



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**National Association of Drug Court  
Professionals**

Judge Jeffrey S. Tauber  
President

Marc Pearce  
Chief of Staff

**Writer and Coordinator**

Jody Forman  
The Dogwood Institute  
Charlottesville, VA



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## Appendix 2: Resource List

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### **Federal Organizations and Agencies Providing Information and Guidance on Drug Courts:**

#### **The White House**

Office of National Drug Control Policy  
(ONDCP)  
Executive Office of the President  
The White House  
1600 Pennsylvania Ave., NW  
Washington, DC 20502-0002  
Tel: 202/395-6700

#### **U.S. Department of Justice**

Bureau of Justice Assistance  
Office of Justice Programs  
U.S. Department of Justice  
810 Seventh Street, NW  
Washington, DC 20531  
Tel: 202/616-6500  
Fax: 202/305-1367

National Criminal Justice Reference Service  
Tel: 800/851-3420

### **Federal Agencies and Organizations Providing Information on AOD Treatment:**

#### **U.S. Department of Health and Human Services**

Alcoholism and Substance Abuse Branch  
Indian Health Service  
5600 Fishers Lane, Room 5A-20  
Rockville, MD 20857  
Tel: 301/443-7623

Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services  
Administration, Public Health Service  
5515 Security Lane  
Rockville, MD 20852  
Tel: 301/443-5700

National Clearinghouse for Alcohol and Drug  
Information  
11426 Rockville Pike, Suite 200  
Rockville, MD 20852  
Tel: 800/729-6686

National Institute on Alcohol and Alcoholism  
Substance Abuse and Mental Health Services  
Administration, Public Health Service  
Willco Bldg., Suite 400-MSC7003  
6000 Executive Blvd.  
Bethesda, MD 20892  
Tel: 301/443-3851

National Institute on Drug Abuse  
Substance Abuse and Mental Health Services  
Administration, Public Health Service  
5600 Fishers Lane, Room 18-49  
Rockville, MD 20857  
Tel: 301/443-0107



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**Organizations Providing Information on Drug Courts:**

Drug Court Clearinghouse & Technical Assistance Project  
American University  
Justice Programs Office  
4400 Massachusetts Avenue, NW  
Brandywine, Suite 660  
Washington, DC 20016-8159  
Tel: 202/885-2875  
Fax: 202/885-2885

Justice Management Institute  
1900 Grant St., Suite 815  
Denver, CO 80203  
Tel: 303/831-7564  
Fax: 303/831-4564

National Association of Drug Court Professionals  
901 North Pitt St., Suite 300  
Alexandria, VA 22314  
Tel: 800/542-2322 or 703/706-0576  
Fax: 703/706-0565

National TASC  
8630 Fenton St., Suite 121  
Silver Spring, MD 20910  
Tel: 301/608-0595  
Fax: 301/608-0599

State Justice Institute  
1650 King St., Suite 600  
Alexandria, VA 22314  
Tel: 703/684-6100  
Fax: 703/684-7618

**Private Organizations Providing Information on AOD Treatment:**

American Society of Addiction Medicine, Inc.  
Upper Arcade, Suite 101  
4601 North Park Avenue  
Chevy Chase, MD 20815  
Tel: 301/656-3920

Guidepoints: Acupuncture in Recovery  
(Information on innovative treatment of addictive and mental disorders)  
7402 NE 58th St.  
Vancouver, WA 98662  
Tel: 360/254-0186

National Acupuncture Detoxification Association  
P.O. Box 1927  
Vancouver, WA 98668-1927  
Tel and Fax: 360/260-8620

National Association of Alcohol & Drug Abuse Counselors  
1911 North Fort Meyer Drive, Suite 900  
Arlington, VA 22209  
Tel: 703/741-7686

National Association of State Alcohol and Drug Abuse Directors (NASADAD)  
444 North Capitol St., Suite 642  
Washington, DC 20001  
Tel: 202/783-6868  
Fax: 202/783-2704

National GAINS Center for People with Co-occurring Disorders in the Justice System  
Policy Research, Inc.  
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Delmar, NY 12054  
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Community Anti-Drug Coalitions of America  
(CADCA)

James Copple, Executive Director  
701 North Fairfax  
Alexandria, VA 22314  
Tel: 703/706-0563

Drug Strategies, Inc.  
2445 M Street, NW, Suite 480  
Washington, DC 20037  
Tel: 202/663-6090

Join Together  
441 Stuart Street, 6th Floor  
Boston, MA 02116  
Tel: 617/437-1500

Partnership for a Drug Free America  
State Alliance Program  
405 Lexington Ave., 16th Floor  
New York, NY 10174  
Tel: 212/922-1560



# Bureau of Justice Assistance Information

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For more indepth information about BJA, its programs, and its funding opportunities, contact:

**Bureau of Justice Assistance**

810 Seventh Street NW.  
Washington, DC 20531  
202-616-6500  
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Web site: [www.ojp.usdoj.gov/BJA](http://www.ojp.usdoj.gov/BJA)  
E-mail: [AskBJA@usdoj.gov](mailto:AskBJA@usdoj.gov)

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## Ten Science-Based Principles of Changing Behavior Through the Use of Reinforcement and Punishment

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Sr. Judicial Fellow  
National Drug Court Institute  
11/15/05

### 1. SANCTIONS SHOULD NOT BE PAINFUL, HUMILIATING OR INJURIOUS.

- a. Research on offender perceptions and specific deterrence effects on offenders subject to sanctions report that:
  1. Certainty of sanctions does exert a specific deterrent effect on future behavior.
  2. Perceived severity, if certainty is present, does not exert a deterrent effect on future behavior. Harrell, A., & Roman, J. (2001). "Reducing Drug Use and Crime Among Offenders: The Impact of Graduated Sanctions." *Journal of Drug Issues*, 31 (1), 207-232.
  3. Exploratory studies report that drug court participants who perceived a more certain and meaningful connection between their own conduct and the imposition of sanctions and rewards tended to have better outcomes than individuals who did not perceive such a connection. Douglas B. Marlowe, David S. Festinger, Carol Foltz, Patricia A. Lee, Nicholas S. Patapis, "Perceived deterrence and outcomes in drug court", *Behavioral Sciences and the Law*, v.23: 181-198 (2005)
- b. While research on animals indicate that severity of punishment is directly related to behavior extinguishment, the same is not necessarily true for criminal offenders.

Research reports that controlling for age, socioeconomic status, and time of incarceration the risk that the offender would re-offend was not related to the prior sanctions imposed irrespective of whether the sanction was probation, a fine or prison. The one exception to this finding is when first and second time offenders received prison instead of a fine or probation, they were more likely to re-offend. Brennan, P and Mednick, S., "Learning Theory Approach to Deterrence of Criminal Behavior," Vol. 103 *Journal of Abnormal Psychology*, pp. 430-440 (1994).

- c. In controlled studies, participants tend to choose heavy future punishment over smaller immediate punishers. As it relates to substance abusers, they tend to discount the future consequences. The immediacy of the effect is the best predictor of whether there will be a change in the status quo.



Murphy, J. G., Vuchinich, R. E., & Simpson, C. A. (2001). "Delayed Reward and Cost Discounting." *The Psychological Record*, 51, 571-588.

- d. Multi-disciplinary research posits that defiant behavior results when sanctions are perceived as unfair punish the individual not the act, imposed on individuals poorly bonded to the community and on individuals who fail to feel shame or contrition for their acts. Sherman, L. W. (1993). "Defiance, Deterrence, and Irrelevance: A Theory of the Criminal Justice Sanction." *Journal of Research in Crime and Delinquency*, 30 (4), 445-473.

## 2. **RESPONSES ARE IN THE EYES OF THE BEHAVER.**

- a. Contrary to expectations, incarceration is not necessarily viewed by the criminal offender as the harshest punishment. In a comparison of alternative sanctions to prison time, 6-24% of inmates surveyed preferred 12 months incarceration compared to sanctions ranging from a halfway house (6.7%), probation (12.4%) or day fines (24%). Those inmates desiring alternative sanctions seemed to have better connections with the community, for example children, job, etc. Wood, P. B., & Grasmick, H. G. (1995). "Inmates Rank the Severity of Ten Alternative Sanctions Compared to Prison." Oklahoma Department of Corrections; [www.doc.state.ok.us/DOCS/OCJRC/OCJRC95/950725j.htm](http://www.doc.state.ok.us/DOCS/OCJRC/OCJRC95/950725j.htm) See also Petersilla, J. and Deschanes, E., "What Punishes? Inmates Rank the Security of Prison v. Intermediate Sanctions?" *Federal Probation*, Vol. 58, No. 1 (March 1994).
- b. Research also indicates that punishment or the possibility of punishment as a sanction tends to be a greater motivator of behavior for those addicts who have a lot to loose. For those addicts who have nothing to lose, the threat or actual imposition of punishment causes them to withdraw from treatment or drop out. The use of positive reinforcement has been shown to be particularly effective in motivating abstinence in this population. See Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association; particularly Chapter 17, Crowley, T., "Clinical Implications and Future Directions," pp. 345-351.
- c. An extensive study focusing on whether criminal sanctions reduce, increase or have no effect on future crimes found the following:
  1. Similar sanctions have completely different effects depending upon the social situation and offender type.
  2. Treatment can increase or decrease criminality depending on offenders' personality type.



3. Criminal sanctions decrease criminality in employed offenders but increase criminality in unemployed offenders.
  4. Threat of criminal sanctions deters future criminality in people who are older.
  5. People obey laws more when they believe laws are enforced fairly. See Sherman, L. W. (1993). "Defiance, Deterrence, and Irrelevance: A Theory of the Criminal Justice Sanction." *Journal of Research in Crime and Delinquency*, 30 (4), 445-473.
- d. The concept of the perception of fairness and its effect on the behavior may have greater importance than previously believed. Behavioral economic research suggests that people will react to perceived unfairness by engaging in activity that will "punish" the person perceived as being unfair even to the extent of punishing themselves to get back at that person. Andreoni, J., Harbaugh, W., & Vesterlund, L. (2001). "The Carrot or the Stick? Rewards, Punishments and Cooperation." Unpublished paper, National Science Foundation Grant.
  - e. Just as a sanction may be misperceived, so can a system of rewards. Providing such things as appointment books, pencils or even increasing monetary rewards as a bonus may even jeopardize continued abstinence. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association., pp. 334-335.
  - f. As drug court professionals we must be particularly cognizant of the participant perception that a response of increased drug treatment imposed upon therapeutic recommendation will be perceived by the participant as a punishment. To the extent we can persuade the participant that treatment is in their best interest, we should do so. See Center for Substance Abuse Treatment, "Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System." Rockville, Maryland: Center for Substance Abuse Treatment, U.S. Department of Health and Human Services publication SMA 94-3004; 1994 d. *Treatment Improvement Protocol (TIP) Series 12*.
3. **RESPONSES MUST BE OF SUFFICIENT INTENSITY.**
    - a. Animal Research has demonstrated that punishment must be of sufficient intensity to motivate the change in behavior. If the punishment is of not sufficient consequence, the behavior is not motivated to change or becomes habituated to the punishment Azrin, N. and Holz, W. "Punishment" in Honig W. (ed). *Operant Behavior: Areas of Recidivism and Application*.



(Meredith Publishing 1966) pp. 381-447. Particularly p. 426 and 433. Using animal testing, authors answer whether punishment is effective in eliminating undesirable behavior and what has to be present to heighten efficacy.

- b. Research also indicates that graduated sanctions work in the drug court context. Using the DC drug court, a positive drug test sanction group was compared with a group not sanctioned for positive urine testing. The graduated sanction group had significantly fewer arrests than the non-sanctioned group. Harrell, A., & Roman, J. (2001). "Reducing Drug Use and Crime Among Offenders: The impact of Graduated Sanctions." *Journal of Drug Issues*, 31 (1), 207-232.
- c. Research on graduated rewards demonstrates that participants receiving graduated reinforcement achieved greater mean levels of abstinence than participants receiving fixed reinforcement. Roll, J., Higgins, S. and Badger, G. "An Experimental Comparison of Three Different Schedules of Reinforcement of Drug Abstinence Using Cigarette Smoking as an Exemplar." *Journal of Applied Behavioral Analysis*, Vol. 29, p. 495-504 No. 4 (Winter 1996).
- d. A word of caution to practitioners: Some rewards may actually interfere with a person's intrinsic motivation. (See unintended consequences below). Deci, E. L., Koestner, R., & Ryan, R. M. (1999). "A Meta-analytic Review of Experiments Examining the Effects of Extrinsic Rewards on Intrinsic Motivation." *Psychological Bulletin*, 125 (6), 627-668.

#### 4. **RESPONSES SHOULD BE DELIVERED FOR EVERY TARGET BEHAVIOR.**

- a. Early animal research pointed out that punishment is only effective if it is delivered for every targeted behavior. Azrin, N. and Holz, W. "Punishment" in Honig W. (ed). *Operant Behavior: Areas of Recidivism and Application*. (Meredith Publishing 1966) pp. 381-447. Particularly p. 426 and 433.
- b. Outcomes in the criminal justice context is in line with animal-based research. In work by Brennan & Mednick, those offenders who received sanctions on a continuous schedule evidenced a significantly lower arrest rate than those offenders who received intermittent sanctions. Brennan, P. and Mednick, S. "Learning Theory Approach to the Deterrence of Criminal Recidivism." Vol. 103, *Journal of Abnormal Psychology*, pp. 430-440 (1994).



- c. Experts in contingency management suggest that reinforcers be used for every target behavior. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association. (Particularly see Kirby and Crowley pp. 334 and 349). Recent research indicates the mere opportunity to participate in getting an immediate reward can be effective in changing behavior. Participants who had clean urine tests were given an opportunity to draw paper slips from a fishbowl. Prizes indicated on the slips ranged from nothing to a dollar to a TV set. Results showed group drawing for reward was more likely to complete treatment (84% vs. 22%) and significantly more likely to be abstinent. Petry, N. M., Martin, B., Cooney, J. L., & Kranzler, H. R. (2000). "Give Them Prizes and They Will Come: Contingency Management for Treatment of Alcohol Dependence." *Journal of Consulting and Clinical Psychology*, 68 (2), 250-257. Petry, N. M. (2001). "Contingent Reinforcement for Compliance with Goal-related Activities in HIV-positive Substance Abusers." *The Behavior Analyst Today*, 2 (2), 78-85.
  - d. Rewards need not be something tangible to be effective in motivating behavior, praise when delivered both immediately and continuously for achieving target behavior is very effective. Deci, E. L., Koestner, R., & Ryan, R. M. (1999). "A Meta-analytic Review of Experiments Examining the Effects of Extrinsic Rewards on Intrinsic Motivation." *Psychological Bulletin*, 125 (6), 627-668.
5. **RESPONSES SHOULD BE DELIVERED IMMEDIATELY.**
- a. In laboratory settings, a one hour delay in imposition of punishment has been demonstrated to decrease the sanctions' ability to change behavior. Delay in imposition of sanctions can allow other behaviors to interfere with the message of the sanction. Marlowe, D. B., & Kirby, K. C. (1999). "Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research." *National Drug Court Institute Review*, II (1), 11-xxix.
  - b. Similarly, experts in contingency management recommend that the uses of positive and negative reinforcements are more efficacious when imposed immediately. Griffith, J. D., Rowan-Szal, G. A., Roark, R. R., & Simpson, D. D. (2000). "Contingency Management in Outpatient Methadone Treatment: A Meta-analysis." *Drug and Alcohol Dependence*, 58, 55-66. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-drug Abusers*, Washington, D.C.: American Psychological Association, pp. 334. Burdon, W., et al. "Drug Courts and Contingency Management." *Journal of Drug Issues*, 31(i), pp. 73-90 (2001).



- c. What we have learned about the schedule of reinforcement from behavioral research is now being confirmed by the biomedical brain research. The effects of reinforcement appear to be exerted in the brain areas that are part of the dopamine reward system. From brain research, scientists conclude, “rewards and punishments received soon after an action are more important than rewards and punishments received later.” Dayan, P., & Abbott, L. F. (2001). *Theoretical Neuroscience: Computational and Mathematical Modeling of Neural Systems*. Cambridge, MA: MIT Press.
6. **UNDESIRABLE BEHAVIOR MUST BE RELIABLY DETECTED.**
- a. Early studies by Crowley and others demonstrated in a contingency management situation, abstinence must be reliably detected. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association. (Particularly see Kirby’s chapter, pp. 330-332 and Crowley’s chapter, p. 339).
  - b. Failure to reliably detect drug use in effect puts a person on an intermittent schedule of rewards and sanctions which is ineffectual in changing behavior. Marlowe, D. B., & Kirby, K. C. (1999). “Effective Use of Sanctions in Drug Courts: Lessons From Behavioral Research.” *National Drug Court Institute Review*, II (1), 11-xxix.
  - c. Random and frequent scheduling of urine testing that is both quantitative and qualitative can make detection relatively foolproof. See Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association, pp. 283-308.
  - d. The credibility of an intermediate sanction program is dependent upon reliable drug use detection. Torres, S. (1998). “A Continuum of Sanctions for Substance-abusing Offenders.” *Federal Probation*, 62 (2), 36-45.
7. **RESPONSES MUST BE PREDICTABLE AND CONTROLLABLE.**
- a. Early research in contingency management provided patients with clear, usually written agreements or contracts. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association, p. 348-349.
  - b. Abstinence based research indicates that perceived certainty of consequence does have a deterrent effect. Obviously, this perception is based not only on what does occur but what the participant expects will



occur. See Harrell, A., & Roman, J. (2001). "Reducing Drug Use and Crime Among Offenders: The Impact of Graduated Sanctions." *Journal of Drug Issues*, 31 (1), 207-232.

- c. Using a contingency management protocol "requires clear articulation of behaviors that further treatment plan goals," Burdon, W., *et al.* "Drug Courts and Contingency Management.", *Journal of Drug Issues*, 31(i), pp. 73-90 (2001).
- d. Failure to specify particular behaviors that are targeted and the consequences for non-compliance can result in a behavior syndrome known as "learned helplessness where a drug court participant can become aggressive, withdrawn and/or despondent." Marlowe, D. B., & Kirby, K. C. (1999). "Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research.", *National Drug Court Institute Review*, II (1), 11-xxix.

#### 8. **RESPONSES MAY HAVE UNINTENTIONAL SIDE EFFECTS.**

- a. Punishments that are too excessive or used inappropriately may cause unanticipated side effects like learned helplessness. Marlowe, D. B., & Kirby, K. C. (1999). "Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research.", *National Drug Court Institute Review*, II (1), 11-xxix.
- b. Applied research in behavior analysis suggests that negative side effects from punishment contingencies include behavioral supervision, fear, anger, escape and avoidance. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association p. 330.
- c. Even the application of positive reinforcements can have negative unexpected consequences – the addition of bonus payments to an escalating pay schedule actually reduced weeks of cocaine abstinence. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association p. 335.
- d. Frequency of contacts between the judge and drug court participant can actually have a negative impact on successful program completion. However, this does not apply to ASPD participants and those participants with substantial substance abuse problems. Marlowe, D. B., Festinger, D. S., Lee, P. A., Schepise, M. M., Hazzard, J. E. R., Merrill, J. C., Mulvaney, F. D., & McClellan, A. T. In press: *Criminal Justice & Behavior*. Marlowe, D., *et al.* "Are Judicial Status Hearings a 'Key Component' of Drug Court; During Treatment Data From a Randomized



Trial.” *Criminal Justice and Behavior*, (in press 2002). See also Festinger, et al. “Court Program Matching in Drug Court” (in press 2002).

- e. Behavioral research strongly suggests that extrinsic rewards for behavior that is intrinsically motivated can actually reduce the motivation to continue that behavior. Thus, additional economic rewards for a person who intrinsically likes their work can actually reduce desire to work. Motivation by praise is the most effective way of heightening participants intrinsic motivator. Deci, E. L., Koestner, R., & Ryan, R. M. (1999)., “A Meta-analytic Review of Experiments Examining the Effects of Extrinsic Rewards on Intrinsic Motivation.” *Psychological Bulletin*, 125 (6), 627-668.
9. **BEHAVIOR DOES NOT CHANGE BY PUNISHMENT ALONE.**
    - a. Punishment has the drawbacks pointed out under other principles (See 8(a) and (b) above.)
    - b. Controlled comparisons of reinforcement and punishment report that clients in the reinforcement contingency stayed in treatment while those in the punishment contingency did not. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association, p. 330.
    - c. Effects of punishment are temporary and the punished behavior returns when the punishment contingency terminates. Higgins, S. T., & Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers*. Washington, D.C.: American Psychological Association, p. 330.
    - d. Punishment is most effective when used in combination with other behavior notification techniques such as positive reinforcement. Marlowe, D. B., & Kirby, K. C. (1999). “Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research.” *National Drug Court Institute Review*, II (1), 11-xxix. Higgins, S. T., & Petry, N. M. (1999). “Contingency Management: Incentives for Sobriety.” *Alcohol Health & Research*, 23 (2), 122-127.
    - f. Recent contingency management research involving stimulant abusers found that the use of prize based incentive reinforcers resulted in improved treatment retention and abstinence. Petry, N., Pierce, J. and Stitzer, M. *et. al.* “Effect of Prize-Based Incentives on Outcomes in Stimulant Abusers in Outpatient Psychosocial Treatment Programs”, *Archives of General Psychiatry*, v. 82: 1148-1155 (Oct. 2005)
  10. **THE METHOD OF DELIVERY OF THE RESPONSE IS AS IMPORTANT AS THE RESPONSE ITSELF.**



- a. If the participant feels that the process is unfair either to him or to others, the participant will be defiant. Andreoni, J., Harbaugh, W., & Vesterlund, L. (2001)., "The Carrot or the Stick?: Rewards, Punishments and Cooperation.", Unpublished paper, National Science Foundation Grant. Sherman, L. W. (1993). "Defiance, Deterrence, and Irrelevance: A Theory of the Criminal Justice Sanction." *Journal of Research in Crime and Delinquency*, 30 (4), 445-473. Thus, the drug court judge must articulate the differences in two apparently similar situations where there is a different judicial response. Otherwise a perception of unfairness will be projected.
- b. Research based upon patient physician communication has demonstrated that interpersonal skills and empathic communication can improve patient satisfaction. Hubble, M. A., Duncan, B. L., & Miller, S. D. (Editors) (1999). *The Heart & Soul of Change: What Works In Therapy*. Washington, DC: American Psychological Association, p. 274-275.
- c. Psychiatrists who are enthusiastic about the effectiveness of a prescribed course of treatment and communicate same to the client obtain a significantly higher success rate (77% to 10%). Hubble, M. A., Duncan, B. L., & Miller, S. D. (Editors) (1999). *The Heart & Soul of Change: What Works In Therapy*. Washington, DC: American Psychological Association, p. 277.
- d. Research has consistently demonstrated that the psychoactive effects of a drug can vary based upon how the physician described the expected effect. Hubble, M. A., Duncan, B. L., & Miller, S. D. (Editors) (1999). *The Heart & Soul of Change: What Works In Therapy*. Washington, DC: American Psychological Association, p. 300-309.
- e. Certain styles of participant – therapist interaction result in more compliant behaviors. For instance, in parent training, confrontational and teaching oriented approaches tended to result in non-compliant responses whereas when support and facilitation were used compliant behaviors resulted. Patterson, G. A., & Forgatch, M. S. (1985). "Therapist Behavior as a Determinant for Client Noncompliance: a Paradox for the Behavior Modifier." *Journal of Consulting and Clinical Psychology*, 53, 846-851.
- f. Research involving substance abuse (alcohol) using the two styles above confrontative vs. client centered (motivational interviewing - MI) approach resulted in reduced alcohol use in MI group and less resistance to change. Lawendowski, A. L. (1998)., "Motivational Interviewing with Adolescents Presenting for Outpatient Substance Abuse Treatment.", Unpublished doctoral dissertation, University of New Mexico;. "Dissertation Abstracts International," 59-03B, 1357;. Miller, W. R., Benefield, R. G., & Tonigan, S. (1993)., "Enhancing Motivation in Problem Drinking: A Controlled Comparison of Two Therapist Styles." *Journal of Consulting and Clinical Psychology*, 61, 455-461.



- g. Motivational interviewing techniques shown to be successful include (1) let client do talking; (2) open-ended questions; (3) no more than two playbacks of what client said per main question; (4) complex reflections (playbacks) should be used at least 50% of the time when summarizing totality of clients statements; and (5) do not move beyond clients level of readiness. Do not warn confront or give unwelcome advice. Miller, B. (1999). Kaiser. "Motivational Interviewing Newsletter for Trainees," 6 (1), 1-2; Rollnick, S., & Miller, W. R. (1995). "What is Motivational Interviewing?" *Behavioral and Cognitive Psychotherapy*, 23, 325-334.
- h. Even brief motivational interventions can be efficacious. Six months after enrolling in a comparison study, 22% of those who received a brief motivational intervention tested negative for cocaine use and 40% of the opiate abusers tested negative for opiates, compared with 16% and 30% ,respectively who did not receive the intervention. Bernstein J., Bernstein E., *et. al.*, "Brief Motivational Visit at Clinic reduces Cocaine and Heroin Use", *Drug and Alcohol Dependence* v.77(1):49-59 (2005)
- i. Recent research confirms that motivational interviewing techniques are effective in the drug court context. When a judge uses positive reinforcement with a participant, the number of positive urine tests is lower than when neutral or critical comments are employed. Scott Senjo & Leslie Leip, *Testing Therapeutic Jurisprudence Theory: An Empirical Assessment of the Drug Court Process*, 3 WESTERN CRIMINOLOGY REVIEW 1-21 (2001) also available at <http://wcr.sonoma.edu/v3n1/senjo.html>



## Evidence-Based Sentencing and Reentry Courts

Judge Roger K. Warren (Ret.)  
Scholar-in-Residence  
Judicial Council of California

Facilitating Offender Reentry  
to Reduce Recidivism  
Stanford, California  
September 14, 2010

1

## State Sentencing Reform: The Recent History

- Pre-1975: the "Rehabilitative Ideal"
- The Consequences
  - Rapid rise in violent crime
  - Disparities
  - "Nothing works"
- 1975-2005: Determinate Sentencing

2

## Sentencing Reform: The Recent History (cont.)

- The Consequences Today
  - Highest incarceration rates in the world
  - "Nothing works:" a self-fulfilling prophecy
  - Unprecedented recidivism rates
  - Rapidly escalating costs
  - Continued disparities
  - Diminishing benefit of incapacitation
  - Same violent crime rate as mid-70's

3

## State Chief Justices

Top concerns of state trial judges  
in felony cases:

1. High rates of recidivism
2. Ineffectiveness of traditional probation supervision in reducing recidivism
3. Absence of effective community corrections programs
4. Restrictions on judicial discretion

4

"Putting more and more offenders on probation just perpetuates the problem. The same people are picked up again and again until they end up in the state penitentiary and take up space that should be used for violent offenders."

Judge Herbert Klein  
November 1988

5

"What is done [today] in corrections would be grounds for malpractice in medicine."

(2002) Latessa, Cullen, and Gendreau,  
"Beyond Correctional Quackery..."

6



## State Chief Justices

Top two reform objectives:

- Reduce recidivism through expanded use of evidence-based practices, programs that work, and offender risk and needs assessment tools
- Promote the development, funding, and utilization of community-based alternatives to incarceration for appropriate offenders

## Evidence-Based Practice (EBP) & Sentencing (EBS)

EBP: "supervision policies, procedures, programs, and practices demonstrated by scientific research to reduce recidivism among individuals under probation, parole, or postrelease supervision" (CA P.C. section 1229 (d))

EBS: sentencing policies and practices based on Principles of EBP to reduce recidivism

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## EBS & Purposes of Sentencing

1. "Just Deserts:" penalty or punishment proportionate to the gravity of the offense & blameworthiness of the offender
2. Public Safety
  - Rehabilitation
  - Specific Deterrence
  - Incapacitation/Control
  - General Deterrence
3. Restitution/Restoration

EBS: Risk Reduction & Management

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## Principles of EBP

- Risk Principle (Who)
- Needs Principle (What)
- Treatment & Responsivity Principles (What Works)

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## Risk Principle (Who)

The level of supervision or services should be matched to the risk level of the offender: i.e., more intensive supervision and services should be reserved for higher risk offenders.

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## Needs Principle (What)

We should target for intervention those offender characteristics that have the most effect on the likelihood of re-offending.

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## Risk of Heart Attack

- 1) Elevated LDL and low HDL levels
- 2) Smoking
- 3) Diabetes
- 4) Hypertension
- 5) Abdominal obesity
- 6) Psychosocial (i.e., stress/depression)
- 7) Failure to eat fruits and vegetables
- 8) Failure to exercise

## Dynamic Risk Factors (Criminogenic Needs)

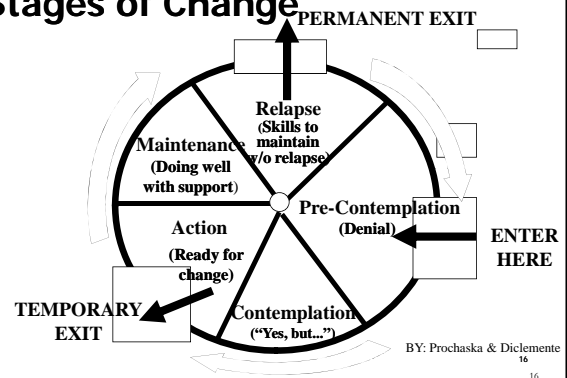
- Anti-social attitudes
  - Anti-social friends and peers
  - Anti-social personality pattern
  - Family and/or marital factors
- 
- Substance abuse
  - Education issues
  - Employment issues
  - Anti-social activities

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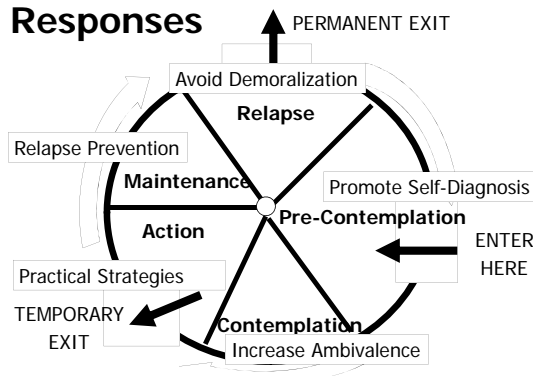
## Treatment & Responsivity Principles (What works)

- Cognitive Behavioral Interventions
  - Dosage
  - Aftercare
- Responsivity
  - Responsive to individual barriers
  - Intrinsic motivation
  - Stages of change

## Stages of Change



## Responses



## Sanctions: What Works?

- | <u>Positive</u> | <u>Negative</u>                                      |
|-----------------|--|
| ■ Rewards       | ■ Swift, certain, and proportionate (fair) sanctions |
| ■ Reinforcement |  |
| ■ Incentives    | ■ Severe sanctions not necessary                     |



### What Doesn't Work?

- Punishment, sanctions, or incarceration
- Specific deterrence, or fear-based programs (e.g. Scared Straight)
- Physical challenge programs
- Military models of discipline and physical fitness (e.g. Boot Camps)
- Intensive supervision without treatment

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### EBS and Reentry Courts

- Many key components and other features of drug courts have been shown to be EB
- In addition to those key EB features of drug courts, reentry courts should incorporate other important EB practices:
  - Use validated R/N assessment information

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### Use of Risk/Needs Assessment Information

- The engine that drives EBP and EBS
- Intended to inform not replace professional judgment
- Use in determining the offender's individual reentry plan
  - Level/intensity of supervision or oversight
  - Nature and intensity of interventions to reduce the risk of recidivism
  - Nature and intensity of monitoring conditions to manage or control the risk of recidivism
- Use in responding to violations

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### Evidence-Based Responses to Violations

- One size does not fit all violations
  - Adjusted level of risk
  - Nature and severity of violation
  - Extent of prior compliance
- Swift, certain, and proportionate sanctions
- Graduated continuum of sanctions, incentives, services, and controls
- Administrative sanctions policy that allows for flexibility by parole agent

### EBS and Reentry Courts

- Many key components and other features of drug courts have been shown to be EB
- In addition to those key EB features of drug courts, reentry courts should incorporate other significant EB practices:
  - Use validated R/N assessment information
  - Focus on high risk, high need offenders
  - Address other salient dynamic risk factors
  - Ensure TX services are EB & responsive
  - Obtain real-time feedback of results

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### Evidence-Based Sentencing and Reentry Courts

Judge Roger K. Warren (Ret.)  
Scholar-in-Residence  
Judicial Council of California

Facilitating Offender Reentry  
to Reduce Recidivism  
Stanford, California  
September 14, 2010

24



Judge Roger K. Warren (Ret.)  
Scholar-in-Residence  
Judicial Council of California

**FACILITATING OFFENDER REENTRY  
TO REDUCE RECIDIVISM:  
A WORKSHOP FOR TEAMS**

**STANFORD, CALIFORNIA  
SEPTEMBER 14, 2010**

**KEY COMPONENTS OF DRUG AND REENTRY COURTS**

**I. NATIONAL ASSOCIATION OF DRUG COURTS (NADCP): 10 KEY COMPONENTS OF DRUG COURTS**

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
3. Eligible participants are identified early and promptly placed in the drug court program
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services
5. Abstinence is monitored by frequent alcohol and other drug testing
6. A coordinated strategy governs drug court responses to participants' compliance
7. Ongoing judicial interaction with each drug court participant is essential
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.



## **II. CALIFORNIA COLLABORATIVE JUSTICE COURTS ADVISORY COMMITTEE: KEY PRINCIPLES OF COLLABORATIVE JUSTICE**

1. Collaborative justice courts integrate services with justice system processing.
2. Collaborative justice courts emphasize achieving the desired goals without using the traditional adversarial process.
3. Eligible participants are identified early and promptly placed in the collaborative justice court program.
4. Collaborative justice courts provide access to a continuum of services, including treatment and rehabilitation services.
5. Compliance is monitored frequently.
6. A coordinated strategy governs the court's responses to participants' compliance, using a system of sanctions and incentives to foster compliance.
7. Ongoing judicial interaction with each collaborative justice court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Effective collaborative justice court operations require continuing interdisciplinary education.
10. Forging partnerships among collaborative justice courts, public agencies, and community-based organizations increases the availability of services, enhances the program's effectiveness, and generates local support.
11. Effective collaborative justice courts emphasize a team and individual commitment to cultural competency. Awareness of and responsiveness to diversity and cultural issues help ensure an attitude of respect within the collaborative justice court setting.

## **III. U.S. DEPARTMENT OF JUSTICE (BUREAU OF JUSTICE ASSISTANCE), SECOND CHANCE ACT FY 2010 COMPETITIVE GRANT ANNOUNCEMENT FOR STATE, LOCAL, AND TRIBAL REENTRY COURTS**

The reentry court is “modeled after the success of the drug court approach” and “designed to leverage partnerships between courts and corrections to facilitate successful offender reintegration.”

### **Required reentry court components**

1. Assessment and Planning
  - “Develop and utilize a system to perform needs assessment, utilizing a validated assessment tool to create an individualized reentry plan.”
  - “A reentry plan should rely on a risk/needs assessment for an offender that reflects the risk of recidivism—including individual criminogenic factors (history of anti-



social behavior, anti-social personality, anti-social attitudes and values, criminally deviant peers, substance abuse, dysfunctional family relationships.)”

2. Active Judicial Oversight
3. Management of Support Services
  - “Utilize evidence-based services”
4. Accountability
5. Graduated, Swift-and-Certain Sanctions and Incentives
6. Rewards for Success

#### **IV. CALIFORNIA PAROLE REENTRY ACCOUNTABILITY PROGRAM: KEY COMPONENTS OF CALIFORNIA REENTRY COURTS**

California reentry court programs “shall include key components of drug and collaborative courts using a highly structured model, including

1. close supervision and monitoring,
2. dedicated calendars,
3. nonadversarial proceedings,
4. frequent drug and alcohol testing,
5. and close collaboration between the respective entities involved to improve the parolee’s likelihood of success on parole.”<sup>1</sup>

#### **V. EFFECTIVE COMPONENTS OF SUCCESSFUL DRUG COURTS**

Research has demonstrated that the effective components of successful drug courts (generally defined as successful in reducing recidivism) include:<sup>2</sup>

1. Early engagement in treatment
2. Effective treatment modalities
3. Length of time in treatment
4. Coerced participation in treatment
5. Focus on high risk offenders
6. Positive reinforcement from the judge
7. Tangible rewards, of escalating value
8. Consistent and fair application of sanctions
9. Successful graduation from drug court

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<sup>1</sup> Penal Code Section 3015(e)(1)

<sup>2</sup> Amanda B. Cissner and Michael Rempel, *The State of Drug Court Research: Moving Beyond ‘Do They Work?’* (Center for Court Innovation, 2005). The study also found that there is little or no rigorous evidence on the impact of a collaborative team approach, the form of case management, or the extent of community outreach on recidivism reduction outcomes.



## VI. DO REENTRY COURTS REDUCE RECIDIVISM?

1. The most recent and comprehensive evaluation of reentry courts resulted in the following findings, conclusions, and lessons learned:<sup>3</sup>
2. Although the findings were “somewhat mixed,” the study found that Harlem Reentry Court offenders were reconvicted less frequently than parolees under traditional parole supervision, but technical revocations occurred more frequently than among comparison parolees. (Closer supervision of offenders in drug and reentry courts often results in increased reporting of violations and an increase in revocations—the so-called “supervision effect.”)
3. Alternatives to re-imprisonment upon revocation should be utilized, e.g., increased home visits, and reporting, increased testing, and use of short-term periods of incarceration.
4. The minimum program duration required to produce positive outcomes is six months, and programs should probably be extended to 12-18 months.
5. Marriage, educational achievement, employability, and prior substance abuse treatment were associated with better outcomes. A prior parole term was associated with poorer outcomes.
6. “All parolees who meet the broad program eligibility criteria may not benefit equally from the intensive services and treatments. Like many correctional programs, the lack of evidence-based risk/needs assessments restricts the Court’s ability to identify high risk cases prior to admission and any dynamic behavior changes that may occur during participation.”
7. Prior to program admission, evidence-based actuarial risk/needs assessment instruments should be used to focus services on high risk offenders, assess offenders for dynamic risk factors, such as criminal thinking patterns, substance abuse dependence, mental health diagnosis, vocational aptitude, etc., and to identify those most likely to benefit from the program.
8. The study had not adequately accounted for the influence of offender risk level and dynamic risk factors on recidivism outcomes. The reentry court parolees may have been higher risk, for example, because they came from higher risk neighborhoods than the comparison parolees.
9. Real-time feedback of interim results and indicators of success is important in order to address fidelity issues.

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<sup>3</sup> Zachary Hamilton, *Do Reentry Courts Reduce Recidivism?* (Center for Court Innovation, 2010)



## MENTAL ILLNESS & SUBSTANCE ABUSE

PABLO STEWART, M.D.  
PSYCHIATRIC CONSULTANT

## DUAL (NOT DUEL) DIAGNOSIS

### THE CO-EXISTENCE OF INTERRELATED MAJOR MENTAL DISORDER AND SUBSTANCE ABUSE DISORDER

## “TRIPLE DIAGNOSIS”

- HIV (+)
- MAJOR MENTAL DISORDER
- SUBSTANCE ABUSE

## LIFETIME PREVALENCE RATES (ECA, 1990)

- NON-SUBSTANCE ABUSE MENTAL DISORDERS-22.5%
- ALCOHOL ABUSE/DEPENDENCE-13.5%
- “OTHER” DRUG ABUSE/DEPENDENCE-6.1%

## RATES OF CONCURRENCE (ECA, 1990)

- MENTAL DISORDER-29% SUBSTANCE ABUSE
- ALCOHOL ABUSE/DEPENDENCE (ALCOHOLISM)-37% MENTAL DISORDER
- “OTHER” DRUG ABUSE/DEPENDENCE-51% MENTAL DISORDER

## NATIONAL COMORBIDITY STUDY (REIGER, et. al., 1990)

- 55% OF CASES OF ALCOHOL DEPENDENCE HAD AT LEAST ONE MENTAL DISORDER
- 69% OF CASES OF DRUG DEPENDENCE HAD AT LEAST ONE MENTAL DISORDER
- 34% OF MENTALLY ILL HAD SUBSTANCE ABUSE PROBLEM



#### INCIDENCE OF MENTAL ILLNESS AND SUBSTANCE ABUSE AMONG THE HOMELESS

- SUBSTANCE ABUSE: ~52%-66%
- MENTAL ILLNESS: ~22%-30%
- MENTALLY ILL WITH SUBSTANCE ABUSE PROBLEM: ~77%
- SUBSTANCE ABUSERS WITH MENTAL ILLNESS: NO ACCURATE DATA AVAILABLE, BUT I SUSPECT ~50%-70%

#### REASONS FOR CONCURRENCE

- MENTAL ILLNESS DOES NOT PREVENT SUBSTANCE ABUSE
- SUBSTANCE-INDUCED MENTAL ILLNESS
- SELF-MEDICATION

#### BARRIERS TO PROVIDING RATIONAL TREATMENT

- IMPEDIMENTS WITHIN THE MENTAL HEALTH SYSTEM
- IMPEDIMENTS WITHIN THE SUBSTANCE ABUSE TREATMENT SYSTEM
- THE NEED FOR A "NEW SYSTEM"

#### "NEW SYSTEM"

- "MENTAL HEALTH PATIENTS" = "SUBSTANCE ABUSE PATIENTS"
- THERE ARE **NO** DIFFERENCES!
- MENTAL HEALTH STAFF = SUBSTANCE ABUSE STAFF

#### OUTDATED NOTIONS ABOUT MENTAL ILLNESS

- PSYCHIATRIC DISORDERS ARE NOT MEDICAL CONDITIONS LIKE DIABETES, HEART DISEASE OR ASTHMA.
- SCHIZOPHRENIA MEANS SPLIT PERSONALITY AND IS NOT AMENABLE TO TREATMENT.
- DEPRESSION IS A NORMAL PART OF A TOUGH LIFE.
- ANYONE CAN WILL AWAY A MENTAL ILLNESS. IF NOT, THEY'RE NOT TRYING HARD ENOUGH.

#### CONTINUED...

- PEOPLE THAT COMMIT SERIOUS CRIMES MUST BE MENTALLY ILL.
- DEMENTIA IS A NORMAL ASPECT OF GETTING OLDER.
- PTSD IS A "MADE UP" CONDITION TO HELP EXCUSE COWARDICE.
- MY PARENTS SPANKED ME AND I NEVER KILLED ANYONE.
- THE MAJORITY OF CRIMINAL DEFENDANTS ARE ANTISOCIAL.



### A NEW DAY

- EVERYONE WORKING WITHIN THE CRIMINAL JUSTICE SYSTEM MUST HAVE A CREDIBLE KNOWLEDGE OF MENTAL ILLNESS AND SUBSTANCE ABUSE.
- WORKING THOROUGH TRANSLATORS IS DIFFICULT AT BEST AND DANGEROUS AT WORST.
- SPANISH HAS BECOME THE UNOFFICIAL SECOND LANGUAGE OF THE UNITED STATES

### A NEW DAY

#### WHAT IS MENTAL ILLNESS?

- A BEHAVIORAL MANIFESTATION OF ALTERED BRAIN FUNCTIONING THAT HAS CAUSED THE INDIVIDUAL PROBLEM(S).
- TRANSLATED: MENTALLY ILL PEOPLE HAVE SICK BRAINS, ACT MENTALLY ILL AND GET INTO TROUBLE.

### MENTAL ILLNESS (PROFESSIONAL SECRETS)

- COMMON ILLNESSES OCCUR COMMONLY.
- IT IS MORE COMMON TO HAVE AN UNCOMMON PRESENTATION OF A COMMON ILLNESS THAN A COMMON PRESENTATION OF AN UNCOMMON ILLNESS.
- WHEN YOU HEAR HOOF BEATS, THINK HORSES NOT ZEBRAS.

### COMMONLY OCCURRING MENTAL ILLNESSES

- DUE TO MEDICAL ILLNESS
- SUBSTANCE RELATED CONDITIONS
- MOOD DISORDERS
  - MAJOR DEPRESSIVE DISORDER
- ANXIETY DISORDERS
  - PTSD

### CONTINUED...

- DISORDERS OF INFANCY, CHILDHOOD & ADOLESCENCE
- AD/HD
- MENTAL RETARDATION
- PSYCHOTIC DISORDERS
  - SCHIZOPHRENIA
  - BIPOLAR DISORDERS
- COGNITIVE DISORDERS
  - DEMENTIAS
- PERSONALITY DISORDERS

### PSYCHIATRIC DISORDERS

- PSYCHOTIC DISORDERS
- AFFECTIVE DISORDERS
- ANXIETY DISORDERS



### PSYCHOTIC DISORDERS

- SUBSTANCE-INDUCED
- DUE TO MEDICAL CONDITION
- BRIEF PSYCHOTIC DISORDER
- SCHIZOPHRENIFORM DISORDER
- SCHIZOPHRENIA
- DELUSIONAL DISORDER
- NOT OTHERWISE SPECIFIED

### AFFECTIVE DISORDERS

- SUBSTANCE-INDUCED
- DUE TO MEDICAL CONDITION
- MAJOR DEPRESSIVE DISORDER
- DYSTHYMIC DISORDER
- ADJUSTMENT DISORDER
- BIPOLAR DISORDER
- CYCLOTHYMIC DISORDER
- SCHIZOAFFECTIVE DISORDER

### ANXIETY DISORDERS

- SUBSTANCE-INDUCED
- DUE TO MEDICAL CONDITION
- POSTTRAUMATIC STRESS DISORDER
- PANIC DISORDER
- OBSESSIVE COMPULSIVE DISORDER
- GENERALIZED ANXIETY DISORDER
- ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD/HD)

### RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND MENTAL ILLNESS

- UNTREATED MENTAL ILLNESS IS A RISK FACTOR FOR THE DEVELOPMENT OF SUBSTANCE ABUSE
  - SELF-MEDICATION
- SUBSTANCE USE CAN EXACERBATE A PRE-EXISTING MENTAL ILLNESS
- SUBSTANCE USE CAN CREATE SYMPTOMS THAT MIMIC ANY AND ALL PSYCHIATRIC SYMPTOMS
  - SUBSTANCE-INDUCED MENTAL DISORDER

### METHAMPHETAMINE-INDUCED MENTAL DISORDERS

- IMPULSE CONTROL PROBLEMS
- "MANIA"
- PANIC DISORDER
- PSYCHOSIS
- "DEPRESSION"
- "ANXIETY"
- SLEEP DISTURBANCE

### ALCOHOL-INDUCED MENTAL DISORDERS

- IMPULSE CONTROL PROBLEMS
- SLEEP DISTURBANCE
- "ANXIETY"
- "DEPRESSION"
- PSYCHOSIS
- DEMENTIA



### MARIJUANA-INDUCED MENTAL DISORDERS

- DELIRIUM:
  - DISTURBANCE OF CONSCIOUSNESS
    - REDUCED CLARITY OF AWARENESS OF ENVIRONMENT
    - IMPAIRED ABILITY TO FOCUS, SUSTAIN OR SHIFT ATTENTION
    - PERSON IS EASILY DISTRACTED BY IRRELEVANT STIMULI
  - CHANGE IN COGNITION
    - MEMORY IMPAIRMENT
    - DISORIENTATION
    - LANGUAGE DISTURBANCE
    - PERCEPTUAL DISTURBANCES
- ANXIETY/PANIC DISORDER
- PSYCHOSIS

### SUBSTANCE USE AS AN ATTEMPT AT SELF-MEDICATION

- MAJOR DEPRESSIVE DISORDER
  - SPEED
  - OPIATES
- ANXIETY DISORDERS (PTSD)
  - MINOR TRANQUILIZERS (ALCOHOL & BZD's)
  - MJ
  - OPIATES

### SUBSTANCE USE AS AN ATTEMPT AT SELF-MEDICATION

- ATTENTION-DEFICIT/HYPERACTIVITY  
DISORDER
  - MINOR TRANQUILIZERS
  - MJ
  - OPIATES
  - SPEED
- SCHIZOPHRENIA
  - OPIATES

### SUBSTANCE USE AS AN ATTEMPT AT SELF-MEDICATION

- BIPOLAR DISORDER
  - MINOR TRANQUILIZERS
  - MJ
  - OPIATES
  - STIMULANTS

### DIAGNOSTIC STRATEGIES

- ASSESS HEALTH STATUS
- ASSESS MENTAL HEALTH STATUS
- EVALUATE THE NATURE OF THE PATIENT'S  
SUBSTANCE USE
- ATTEMPT TO DETERMINE "CAUSE/EFFECT"
  - MEDICAL PROBLEM-INDUCED
  - SUBSTANCE-INDUCED
  - PRE-EXISTING MENTAL ILLNESS SELF-MEDICATED BY  
SUBSTANCES
  - COMBINATION OF THE ABOVE

### TREATMENT STRATEGIES

- MEDICALLY SUPERVISED  
DETOXIFICATION, IF NECESSARY
- MEDICAL STABILIZATION
- ASSESS/TREAT PSYCHIATRIC  
DISORDERS, IF PRESENT
  - PRE-EXISTING
  - SUBSTANCE-INDUCED
- "COGNITIVE-BEHAVIORAL" TREATMENT



#### ELEMENTS OF EFFECTIVE TREATMENT

THE FOLLOWING ARE EMPIRICALLY TESTED  
ELEMENTS OF (OUTPATIENT) TREATMENT:

- COORDINATION AMONG ALL AGENCIES INVOLVED IN A GIVEN CASE
  - ENGAGEMENT & RETENTION
  - STRUCTURE
  - PSYCHO EDUCATION
  - RELAPSE PREVENTION
  - FAMILY INVOLVEMENT
  - SELF HELP INVOLVEMENT
  - DRUG & BREATH TESTING
-



## **California Parolee Reentry Courts**

### **Today's presentation**

- California parolee reentry courts
- Review of relevant research
- Overview of evaluation
- Data element discussion

### **California Parolee Reentry Courts**

- Report to legislature due three years after 1<sup>st</sup> entry
- Recidivism and revocation mandatory
- Research Questions- Does the program work? How does it work?

### **Harlem Parole Reentry Court Evaluation**

- PRC parolees less likely to be rearrested
- Less likely to be reconvicted
- More likely to be revoked
- Graduates less likely to be rearrested and revoked

### **Overview of Evaluation**

- Data element collected in each court
- Outcomes compared to CDCR comparison group
- Qualitative information collected from site visits/focus groups

### **Evaluation Data**

- Program Entry Data
- Hearing Data
- Service Utilization Data
- Program Exit Data
- Recidivism Data
- Comparison Group Data



### **Program Entry Data**

- Demographics: Education, employment status, housing status, income.
- Substance Abuse and Mental Health Information: Present disorder, history of treatment.
- Criminal History: Eligible parole violation, risk level, number of prior commitments.
- Program referral and acceptance.

### **Hearing Data**

- Compliance: Program attendance, treatment adherence, delivered sanctions and incentives.
- Custody: Jail days and reason for jail stay.
- Arrests: Date, type, program response.
- Drug Test Results.

### **Service Utilization Data**

- Mental Health Treatment: Type, reason for exit, total treatment units completed.
- Substance Abuse Treatment: See above.
- Ancillary Services: See above.

### **Program Exit**

- Exit Status: Program and parole status upon program exit.
- Social Outcomes: Re-measure demographic variables measured at program intake such as education level, employment status, housing status, and monthly income and source.

### **Recidivism**

- Arrests: Date, type, outcome (convictions).
- Parole violations: Date, type, outcome.
- Prison commitments: Date, type.
- Days in prison.

### **Comparison Group Data**

- Demographic: Same as study group.
- Substance Abuse and Mental Health Information: Same as study group.
- Criminal History: Same as study group.
- Recidivism: Same as study group.



**Evaluation Next Steps**

- Regular conference calls
- Site visits
- Qualitative data collection





**WELCOME to Cal EMA's  
Parolee Reentry Court 2010  
Program Training**

**Public Safety Branch  
Drug Enforcement Section**



- Within our state, Cal EMA is responsible for designing and implementing homeland security initiatives; coordinating and supporting the emergency activities of all of California's state agencies that have an operational and/or day-to-day role in state emergencies; promoting and sustaining effective criminal justice programs; and, ensuring the State's readiness is at its maximum potential to respond to and quickly recover from the effects of all crises.
- The mission of Cal EMA is to protect lives and property by effectively preparing for, preventing, responding to and recovering from all threats, crimes, hazards and emergencies.

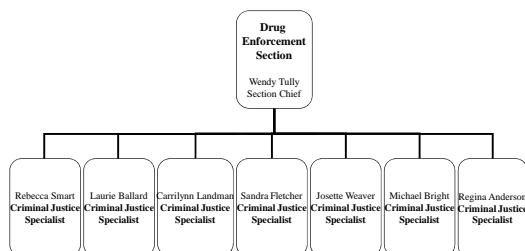


- The Parolee Reentry Court is administered by the Public Safety Branch of Cal EMA.
- Within the Public Safety Branch are the Crime Suppression Section, Gang Violence Section, Drug Enforcement Section, and the Public Safety Procurement Program.



- The Public Safety Branch administers various grant programs to address the recognized needs of the state in its response to crime and its impact on Californians. Each program area develops and manages grant programs that serve to benefit state and local governments.

**Public Safety Branch**



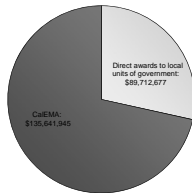
**Background on Stimulus Funds**

- On February 17, 2009, President Obama signed the \$787 billion American Recovery and Reinvestment Act of 2009 (Stimulus).
- \$2 billion (of the \$787 billion) - JAG Program to support state and local criminal justice activities across the country.



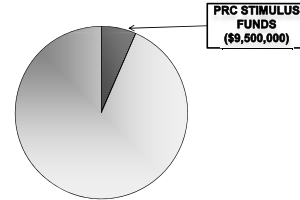
## JAG Stimulus Funding Strategy

A total of \$225,354,622 million in Byrne/JAG stimulus monies was allocated to California. Sixty percent (60%) of this amount (\$135,641,945) was awarded to Cal EMA to administer (Cal EMA is the SAA, or State Administering Agency, for California); and forty percent (40%; or \$89,712,677) was administered by the Bureau of Justice Assistance (BJA) in support of direct awards to local units of government.



## Parolee Reentry Court Funds

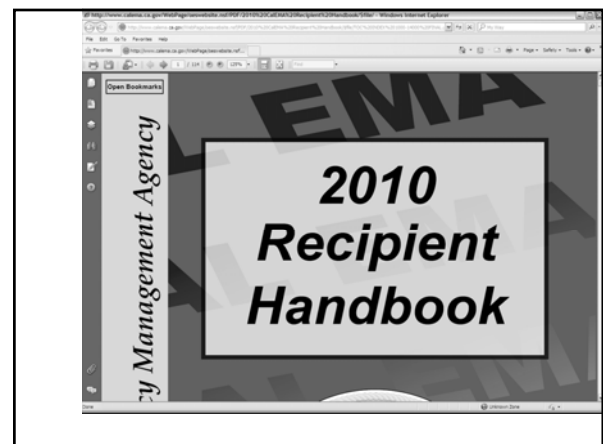
- Of the \$135,641,945 Cal EMA was tasked to administer, \$9,500,000 was made available for solicitation under the Parolee Reentry Court Program.



## Questions....?



## Cal EMA Website





### ***The Recipient Handbook***

- This handbook is for agencies that receive criminal justice program grant funds from the Public Safety & Victim Services Division of the California Emergency Management Agency (Cal EMA).
- It outlines the terms and conditions required of criminal justice grant projects.

### ***The Recipient Handbook***

- Is designed to be accessed and downloaded from the Cal EMA website, and placed on the Recipient's computer desk top, so that hard copies are no longer required on site.
- Funded projects must administer their grants in accordance with these administrative and fiscal conditions.
- Failure to comply with these requirements may result in the withholding or disallowance of grant payments, the reduction or termination of the grant award and/or the denial of future grant awards.

### ***The Recipient Handbook***

- All agencies that receive grant funds for programs funded by Cal EMA must also comply with the terms of the program as defined by the applicable Program Guidelines contained in the application requests [Request for Proposal (RFP)/Request for Application (RFA)], and applicable statutes.
- In the event the terms of the program are inconsistent with the provisions of this handbook, the terms of the program shall be interpreted and construed as superseding the provisions of this handbook.

### ***SITE VISITS***

- The Purpose of a Site Visit
- Timeframe
- Follow Up

### ***The Purpose of a Site Visit***

- Make an on-site assessment of current project conditions/to provide technical assistance.
- Provide information that helps the project in meeting the program goals.
- Review objectives to determine that they are achievable.

### ***The Purpose of a Site Visit***

- Notification of Site Visit
  - Letter, checklist
  - A new component to our site visit is a "Field Experience" TBD by the recipient
- Review project's source documentation and data collection process
  - Accounting System
  - Personnel Records/Functional time sheets
  - All records pertinent to the grant
  - i.e., stats, etc.



### ***The Purpose of a Site Visit***

- Review "Report of Expenditures and Request for Funds" (Form 2-201) to determine if any adjustments are needed.
- Review Progress Reports to determine if they are complete and accurate.
- Projects will normally receive a site visit at least once in each three-year period.
- Reason for site visits:
  - New program, new staff requiring technical assistance.

### ***Follow up to a Site Visit***

- Projects will receive a letter acknowledging their current status.
- Copy of the signed checklist acknowledging any findings and/or satisfactory status.
- Projects requiring a corrective action may be required to submit a plan or will receive a letter outlining their corrective action.

### ***Follow up to a Site Visit***

- Projects are required to provide proof that all corrective action requirements have been met by the specified timeline for completion.

### **Specialist Site Visit Vs. Monitoring Audit**



### ***Program Staff VS Monitoring Staff***

- Program Staff ensure "systems" (timesheets, client intake forms, quarterly progress reports etc.) are in place for accurate data collection/reporting. Monitors check the "systems" for validity.
- Program Staff ensure that the projects have "Source Documentation" to capture/report data/statistics. Monitors validate/substantiate the source documentation.
- BOTH provide Technical Assistance and offer "best practices" suggestions for project to do the best job possible to continue providing services.

### **Grants Monitoring Questions**

- For any questions pertaining to the Monitoring Division, please direct your questions to Catherine Lewis, Chief, Grants Monitoring Division, at [Catherine.Lewis@calema.ca.gov](mailto:Catherine.Lewis@calema.ca.gov).



### ***Equal Employment Opportunity Plan (EEOP)***

- The purpose of EEOP is to assure that Cal EMA recipients with 50 or more employees and who are receiving federal financial assistance, from the U.S. Department of Justice, of \$25,000.00 or more, are in compliance with the state and federal civil rights requirements.

### ***What we will ask to see:***

- EEO Policy – a current EEOP Statement
- Sexual Harrassment Policy
- Discrimination Complaint Procedure
- Non-Discrimination Poster
- Findings of Discrimination
- Allegations of Discrimination
- Limited English Proficiency (LEP)\*

### **EEO Contact**

- Any questions should be addressed to Lisa Abila at the Cal EMA EEOP office at [lisa.abila@calema.ca.gov](mailto:lisa.abila@calema.ca.gov)

### ***Questions?***



### ***Progress Reports***

- Why do we ask for this information?

The purpose of progress reports is to collect data asked of us by the Legislature and Governor's Office.

### ***Progress Reports – Good News!***

- Cal EMA has elected to adopt the AOC's Quarterly Reports and has deemed it sufficient documentation to fulfill State reporting requirements.
- What this means for you: Send Cal EMA a photocopy of the same Quarterly Report that you will be submitting to the AOC.



[illegible]

The screenshot shows the BJA Bureau of Justice Assistance website. The main navigation bar includes links for Information & Resources, Profile, Alerts, and Help. The 'Recovery Act' section is highlighted, showing a table of recovery periods. The table has columns for Recovery Period, Amount of Award, Reporting Period, and Data Entry Status. The first row, 'Recovery Period 1', is highlighted in red and shows a start date of 01/01/2010 and an end date of 01/01/2012. A red arrow points to the 'Recovery Period 1' link.

Recovery Period	Amount of Award	Reporting Period	Data Entry Status
Recovery Period 1	\$1,500,000	January to March 2010	Not Opened (Show Data)
Recovery Period 2		April to June 2010	Not Opened (Show Data)
Recovery Period 3		July to September 2010	Not Opened (Show Data)

At the bottom of the page, there is a link to the 'Recovery Act' section and a note about the 'Recovery Act' section.

OFFICE OF JUSTICE PROGRAMS

**BJA** BUREAU OF JUSTICE ASSISTANCE

Information & Resources    Events    Awards    Help    Log Out

Subrecipient: Los Angeles County Superior Court, Program: 1059-000    Reporting Period: Jul - Sep 12    Subgrant ID: 20090000000000000000

# RECOVERY ACT

View of Performance Metrics    **Use this section to mark Non-Operational, if applicable**    **This will take you to the two required reporting sections**

Please Click the Entry (Data)    **Mark Non-Operational**    **X**    **X**    **View Data**

Data Entry Status: Not Started    Selected Reporting Period: July to September 2010    Report Status: Not Created

**Prosecution and Court**    **Fill in these two sections for Operational Periods**    July to September 2010

1 State/Local Initiatives  
16 Funded

**Outcomes for All Activities**    July to September 2010

1 Outcomes for All Activity Areas

For more information contact BJA@BJA.gov or call 1-888-251-4887  
 Toll-Free Technical Assistance Requested Number: 1-888-251-4887

<b>BJA BUREAU OF JUSTICE ASSISTANCE</b>			
<b>Info &amp; References</b>	<b>Profile</b>	<b>Federal Awards</b>	<b>Financial Information</b>
Submission Agency: Bureau of Justice Assistance <b>RECOVERY ACT</b>	Project: 0010-120 Funding Period: 1/1 - 12/31	Agency ID: 001000000 Start Date: 1/1/2010	Title: Law Unit
<b>Wor of Performance Measures</b>			
<p>These data have been marked as "Real" and are "non-zero." Nonzero allows the reviewer to only look at 0's if they want to see that data, select your Non Program Manager button to request that the tool is re-opened for which you can BJA Performance Resources tool email address: BJA@BJA.gov or bja@bjagov.com.</p>			
<b>Non-Operational</b>			
Data Entry Status: Not Operational      Last Updated: 01/01/2010			
<p>1. Was there an initial occurrence during the reporting period April 1, 2010 - June 30, 2010? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No. No activity occurred during the period and no funds were expended.</p> <p>2. Federal Congressional District: CA-09</p> <p>3. Please specify the implementing organization type: Unit of Local Government</p> <p>4. Is the implementing organization a faith-based program? Organizations nationwide may self-declare themselves as faith-based organizations. No</p> <p>5. Is the implementing organization a community-based program? Organizations nationwide may self-declare themselves as community-based programs as found in statute 42 USC § 12502(c)(1) implemented as community-based programs in California, listing both federal and state representatives of communities or significant segments of communities. No</p> <p>6. Do you use BIA funds for Title I Activities? No</p> <p>7. Please enter the project title and a brief description of all grant-funded activities: Rural Resilient Child The program involves for the replacement and enhancement of private security guards in order to reduce criminal behavior and improve and to help them successfully integrate back into the community. The purpose of a security guard is to promote public safety, help protect accountability and reduce recidivism. This RFP will allow up to seven courts, including the implementation of new courts and/or enhancement of existing courts.</p>			
<b>Target Population</b>			
Select all geographic locations of populations served by the funding.		Award Selection: Tribal Urban	
What age population is funded by the award? Check all that apply.		Adult – over age 18    Juvenile – 18 and younger	
What gender population is funded by the award? Check all that apply.			
Female: 0000			



**BOJA** BUREAU OF JUSTICE ASSISTANCE

OFFICE OF JUSTICE PROGRAMS

Information & Resources

Profile

Records

State

Loc List

Advanced Search

Reporting Period: 1/1/2012 - 12/31/2012

Subgroup: 001 - All Subgroups

## RECOVERY ACT

**Data Entry**   [Add Info](#)

We are excited to assist and report on your performance measures that pertain to grant-fund activities. There is an EOL report that should EOL be used if your measure is not applicable to your activities. If it is applicable and you do not have data to report for the reporting period, you can EOL it as inapplicable due to report.

Selected Purpose Areas	Allocated Amount	Activity	
<b>PA 2: Prisoner and Court</b>	<b>\$1,500,000</b>	<b>Statewide Inmates (20)</b>	<b>FIN</b> <b>State</b>
<b>Prisoner and Court</b> <b>July to September 2010</b>			
<b>1) Statewide Inmates</b>			
<b>a) Number of arrested and convicted inmates released</b>			<b>N/A</b>
A. Number of program participants receiving services carried over from the previous reporting period			\$ 0 <sup>1</sup>
B. Number of EOL program participants receiving services that were added during the reporting period			\$ 0
C. Sum (A+B) Auto-calculated by RPT			\$ 0
<b>b) Number of released inmates that are released before</b>			<b>N/A</b>
A. Number of released inmates receiving services carried over from the previous reporting period			\$ 0 <sup>1</sup>
B. Number of EOL released inmates added during the reporting period			\$ 0
C. Sum (A+B) Auto-calculated by RPT			\$ 0
<b>2) Number of inmates who offend while on release (inmate follow-up)</b>			<b>N/A</b>
A. Number of arrest and find program sites at the start of the reporting period			\$ 0 <sup>1</sup>
B. Number of EOL program sites added during the reporting period			\$ 0
C. Sum (A+B) Auto-calculated by RPT			\$ 0
<b>3) Percent of program participants who completed cognitive behavior</b>			<b>N/A</b>
A. Number of program participants who completed services during the reporting period (complete or not complete)			\$ 0 <sup>1</sup>
B. Percent complete (A/C) Auto-calculated by RPT			Calculated Value
<b>4) Percent of released inmates who completed cognitive behavior</b>			<b>N/A</b>
A. Number of released groups that completed services during the reporting period (complete or not complete)			\$ 0 <sup>1</sup>
B. Number of released groups that added services during the reporting period (complete or not complete)			\$ 0
C. Percent (A/C) Auto-calculated by RPT			Calculated Value



[illegible]

# WHAT IS A GRANT AWARD MODIFICATION 2-223

Modifications are Changes to the Approved Grant Award

Examples:

- Grant Modification – line item reallocation
- Adding New Item to a category (Personal Services/Benefits Category)
- Change in key personnel (Fiscal Officer/Project Director or personnel listed on the Project Contact Page)
- Official Authorized to Sign Grant Award

The image shows a screenshot of the 'California Grant Award Modification' form. The form is titled 'California Grant Award Modification' and includes a header with the date 'April 1, 2010' and the version '2-223'. It contains several sections for project information, including 'Project Information', 'Funding Information', and 'Modification Information'. A large table is present, detailing the 'Budget' and 'Modifications' for various line items. The table has columns for 'Line Item', 'Description', 'Original Budget', 'Modification', 'New Budget', 'Original Budget', 'Modification', 'New Budget', and 'Total'. The table is divided into two main sections: 'Original Budget' and 'Modifications'. The 'Original Budget' section lists line items 1 through 10, with their respective descriptions and budget amounts. The 'Modifications' section lists line items 1 through 10, with their respective descriptions and modification amounts. The 'New Budget' section lists line items 1 through 10, with their respective new budget amounts. The 'Total' column shows the total for each line item. The form also includes a section for 'Funding Information' and 'Modification Information'.

## Completing a Budget Modification 2-223 (cont.)

- Explain the need for the change in section 9 (Justification of changes),
- For budget changes, a new Budget Category & Line-Item Detail Budget Pages are required,
- Changing key personnel with effective dates (persons on the contact page), a new project contact information sheet & a signature authorization form is required, with your MOD.



## Justification of Changes (cont.)

Example:

- If the Financial Officer is being replaced: a MOD with the new project contact information sheet & a Signature Authorization Form is necessary.
- Please indicate on the MOD (section 9) who is replacing whom for the Project Director, Financial Officer or the Executive Director, etc. and include effective dates.

## MOD 2-223 Signature Requirements

- All MODs must be signed by the Project Director and the Financial Officer or their authorized designee.

## Modifications

Any  
Questions?



## WELCOME TO...

## 2-201 Workshop

## Cal EMA 2-201 What is a 2-201 for??

**Report of Expenditures and Request For Funds (Cal EMA 2-201) is Utilized to Reimburse Your Agency For Funds Expended Each Quarter of the Grant Award Cycle.**





# How to find the funding source(s) allocated

- Approved grant award face sheet will reflect the funding source(s) allocated on the "Project No" line.

The image shows a sample of a grant award face sheet form. The form includes a title "FOR OES USE ONLY", a statement "I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure", and fields for "OES Fiscal Officer", "Date", and "OES Director (or designee)". A date stamp from the "PUBLIC SAFETY BRANCH" is dated "MAY 9 5 2008". The form also contains a table with columns for "Yr / Chapter", "Item", "Program", "Fund", "Match Req", and "Project No", with handwritten entries for "2006 - 08 / 309", "0890-002-0890", "Compensat. 50.30.540", "Program: Anti-Drug Abuse Endowments Program", "Funds: Federal Trust", "Match Req: 50%", and "Project No: 088404". A handwritten "AMOUNT: 1622,995" is also present.

FOR OES USE ONLY

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure

*Ravesh Tehrani* 12/16/08

OES Fiscal Officer Date OES Director (or designee)


7 RECEIVED  
182970  
MAY 9 5 2008  
PUBLIC SAFETY BRANCH

Yr / Chapter	Item	Program	Fund	Match Req	Project No
2006 - 08 / 309	0890-002-0890	Compensat. 50.30.540	Program: Anti-Drug Abuse Endowments Program	Funds: Federal Trust	Match Req: 50%
					Project No: 088404

AMOUNT: 1622,995

## ***Payment Timeline***

- Payment is generally processed within 45 days from the date the Accounting Office receives a **"PAYABLE"** 2-201.
- If after 45 days (plus mail time) you have not received payment, please contact your specialist who will check on the status for you.



The image contains two illustrations. The top illustration is a black and white photograph of an open pocket watch, showing its face and hands, with some coins visible in the background. The bottom illustration is a cartoon drawing of a character with a large nose and glasses, wearing a suit and sitting at a desk with a typewriter and a stack of papers.

INVOICE DISPUTE INFORMATION		INVOICE DISPUTE INFORMATION	
FIRM (SEE PAGE 1, COLUMN 1)		FIRM (SEE PAGE 1, COLUMN 1)	
(Mail in a sealed envelope)		DATE	
<div style="border: 1px solid black; padding: 5px;">           1994 DOW            Administrative Service Office            ABC County            1234 Main Street            Sacramento, California 95833         </div>		05/04/2005 Date letter generated 05/04/2005 DISPUTE 05/04/2005 12:00:00 PM DISPUTED	
VENUE ADDRESS		FIRM	
		010-533 ACCOUNT #	
		0101-0101 Date 2/01/2005	
		0101-0101	
		Payment Received: 04/20/05	
		Posting On: 05/07/05	
THE FOLLOWING INFORMATION IS DISPUTED FOR THE FOLLOWING REASON:			
<input type="checkbox"/> Goods/Services not received <input type="checkbox"/> Noncompliance with contract <input type="checkbox"/> Incorrect billing amount due <input type="checkbox"/> Partial shipment received <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Duplicate billing <input type="checkbox"/> Invoice belongs to another department <input type="checkbox"/> Damaged goods <input type="checkbox"/> Invoice not properly executed	
Your Payment Request has been reduced from the originally claimed amount of \$34,416 to \$38,785. Please see the attached Payment Summary Report for additional details.			
THIS NOTIFICATION IS FOLLOWED BY A PHONE CONVERSATION WITH THE PERSON FROM YOUR COMPANY WHOSE NAME APPEARS BELOW			
NAME		SIGNATURE	
DOW ACCOUNTING BRANCH		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
DATE		DATE	
05/04/2005		05/04/2005	
		FOR STATE AGENCY USE ONLY	
		DATE	
		SIGNATURE	
		DATE	
RETURN THE GOLDENROD COPY OF THIS NOTIFICATION WITH THE CORRECTED INVOICE			
(For your convenience, the return address has been provided for use in a sealed envelope)			
RETURN TO:		<div style="border: 1px solid black; padding: 5px;">           Government Office of Emergency Services            Accounting Section            2000 Johnson Avenue            Modesto, California 95818         </div>	



**LEVS Budget Summary Report**

OC08 Anti-Drug Abuse Program      Award #: OC08 XX XXXX      Reports is as of this Quarters 2-201 processed.

ABC County      Award Period: 07/01/08 - 06/30/09  
Anti-Drug Abuse Education Program      LEVS Request: Month 2008, Not Final 201

A. Personal Services - Salaries/Employee Benefits		Budget Amount	Final Expend	Balance	Pending	Pending Balance
E.S.S.	Costs/State	115,187	59,183	59,004	29,542	29,542
F	BL/NGS					
<b>Total A. Personal Services - Salaries/Employee Benefits</b>		<b>115,187</b>	<b>59,183</b>	<b>59,004</b>	<b>29,542</b>	<b>29,542</b>

B. Operating Expenses		Budget Amount	Final Expend	Balance	Pending	Pending Balance
E.S.S.	Costs/State	1,124	562	562	391	391
F	BL/NGS					
<b>Total B. Operating Expenses</b>		<b>1,124</b>	<b>562</b>	<b>562</b>	<b>391</b>	<b>391</b>

C. Equipment		Budget Amount	Final Expend	Balance	Pending	Pending Balance
E.S.S.	Costs/State	0	0	0	0	0
F	BL/NGS					
<b>Total C. Equipment</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

		Budget Amount	Final Expend	Balance	Pending	Pending Balance
Total LEVS Month:		0	0	0	0	0
Total Funded:		119,291	59,645	59,646	29,933	29,933
Total Project Cost:		119,291	59,645	59,646	29,933	29,933

Date report generated.

F.B.S. (Funding Types): P=Federal, S=State, L=Local Match  
Final Expend=disposed in ledger w/Claim Schedule, Pending=Processed, but not yet in Claim Schedule

08/07/09

## Common Errors

- Cal EMA 2-201 is submitted before grant award is approved.
- Incorrect Grant Award Number.
- Billing Period reported does not match recipient type (monthly or quarterly).
- Billing period reflected is outside of the grant award period.
- Reporting more than the currently approved category budget.
- Person signing as Project Director and/or Financial Officer is not an approved signer on the grant.
- Marking "Final" on the Report of Expenditures and Request for Funds when it isn't the final report.
- Extension of liquidation period.

## Common Errors

### To request an extension of liquidation period

The liquidation period is the 90 calendar days following the end of the grant period, unless otherwise stated by a special condition to the Grant Award. To request an extension of the liquidation period a completed and signed Grant Award Modification (Cal EMA 2-223) must be submitted to Cal EMA within the first 60 calendar days of the liquidation period. The Grant Award Modification (Cal EMA 2-223) must be approved by Cal EMA before the extension is valid.

### Final Report of Expenditures and Request for Funds

The final Report of Expenditures and Request for Funds (Cal EMA 2-201) must be submitted no later than 120 calendar days after the end of the Grant Award period (However, in some cases a special condition to the Grant Award states a lesser liquidation period). If the Recipient does not submit a final Cal EMA 2-201 within 120 days from the end of the Grant Award period, Cal EMA will consider the last Cal EMA 2-201 submitted as the final and close out the Grant Award. Once Cal EMA has processed the final Cal EMA 2-201 and the liquidation period has passed, the grant will be closed and no further payment activities against the grant will be permitted.

## Discrepancy identified on 2-201 after submitted to CalEMA

If an error in reporting is found by your agency after the 2-201 has been submitted to Cal EMA the correction should be made to the next quarter's 2-201 (for the grant award in question).

### Over reporting example:

- If your 2-201 was over reported by \$1000 in Personal Services for the Quarter of July - September; if your expenditure for the following quarter is \$10,000 then you would report only \$9,000 in Personal Services on the October - December 201.
- If your 2-201 was over reported by \$1000 in O/E for the quarter of July - September; if your expenditures for Operational Expenses the following month are \$900, then your 2-201 should report <\$100 in Operational Expenses for the quarter of October - December. As long as you have \$100 or more in an offsetting category. However, if you do not have \$100 or more in an offsetting category \$100 over reporting should then be carried over and be deducted from your next months 2-201.

### Under reporting example:

- If your 2-201 was under reported by \$1000 in Personal Services for the quarter of July - September; if your expenditure for the following quarter is \$10,000 then you would report \$11,000 in Personal Services on the October - December 201.

Please do not submit REVISED 2-201s during your grant period. (Revisions are only allowed on FINAL 2-201s). If an error in reporting is found after the submit of your FINAL 2-201, the correction should be made by preparing an "Additional FINAL 2-201" only for the amount not previously claimed (for the grant award in question).

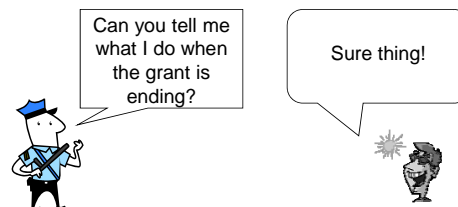
## GRANT CLOSE OUT PROCEDURES

### End of the Grant Cycle



A process which CalEMA uses to determine all applicable administrative actions and required work have been completed.

## GRANT CLOSE OUT PROCEDURES





## GRANT CLOSE OUT PROCEDURES

### Step 1-Final Progress report (AOC Quarterly Report)

This report is due no later than 30 calendar days after the conclusion of the grant award period. We can't approve the final payment until this is submitted!



## GRANT CLOSE OUT PROCEDURES

### Step 2 – Final Request for Reimbursement

Is this that 2-201 form again?

Sure is! Hey you're pretty smart.



## GRANT CLOSE OUT PROCEDURES

### Step 2 – Final Request for Reimbursement

Make sure all funds expended are reported, this is your last chance to get funds from this grant cycle. All expenses must have been encumbered prior to the grant award end date and expended prior to the liquidation end date. The only unpaid obligation that may be listed is the audit expense.

**Box 6 - Final Report**  
ONLY Check When ALL Expenditures For The Grant Award Have Been Reported.



## Final 2-201 things to remember

1. You only have 30 days from the end of the liquidation period to submit the 2-201.
2. Liquidation period is 90 calendar days after the grant award period.
3. If you don't submit a final 2-201- Accounting will consider the last 2-201 as the final.
4. Once the Accounting unit processes the final 2-201, no further payment activities against the grant are permitted.



## GRANT CLOSE OUT PROCEDURES

### Step 3 – Retention of Records

You mean we have to keep this stuff!!! How long?

Record keeping is **VERY** important



## Source Documentation / Record Retention



- All grant records must be retained for at least seven (7) years.
- Required to maintain an accurate Document Retrieval System. \*\*

\*\* This system may be automated or manual.

#### Source Documents:

- Ledgers
- Personnel / Payroll Records
- Canceled checks / bank statements
- Vouchers
- All other records pertinent to the grant



**GRANT CLOSE OUT PROCEDURES**  
**Notice of Final Project Closure**

STATE OF CALIFORNIA      **OFFICE OF CALIFORNIA EMERGENCY MANAGEMENT AGENCY**  
 CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
 1515 K STREET, SUITE 1000  
 SACRAMENTO, CA 95833  
 November 7, 2009

Mr. North, DO#173532000  
 Page Two  
 November 7, 2009

Please keep a copy of all records relating to this grant for seven years from the date of closure.  
 Please do not contact Cal EMA Accounting regarding this matter. Should you have questions, contact your program specialist, Anne Wilson, at (916) 224-7624.

Respectfully,  
 Wendy Tully, Chief of the Drug Enforcement Service  
 Criminal Justice Program  
 Division of Law Enforcement and Victim Services

Dear Mr. North:

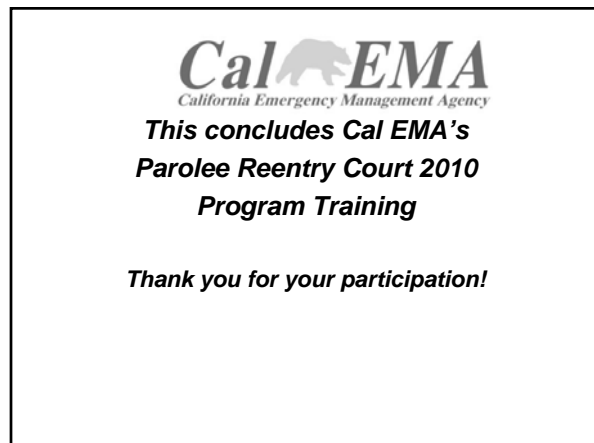
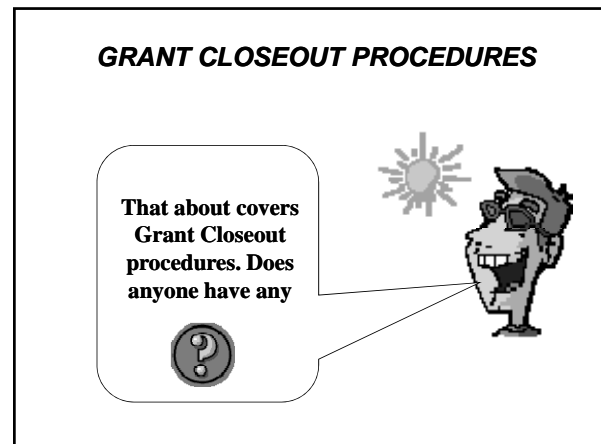
**REBUTTAL: FINAL VERIFICATION OF PROJECT CLOSURE**  
 On 11/7/09, Cal EMA has closed the grant award and any remaining funds, as detailed below, were returned.

The amount in the column "Final Balance Forward" is the unexpended balance in the particular fund account. The amount in the column "Service Account" is the amount of funds paid for the grant by the state. Cal EMA will return your agency for the amount shown below:

Fund	Amount	Total	Unexpended	Amount	Amount	Amount	Amount	Amount
State	100,000	100,000	0	0	0	0	0	0
Total	100,000	100,000	0	0	0	0	0	0

Your attention is drawn to the Budgetary Handbook.  
 Section 1010, Final Report of Expenditures and Receipts for Funds.  
 The project must be closed by the end of the 90 day liquidation period.  
 If the Budget does not submit a final report by the end of the 90 day liquidation period, the state will be responsible for the amount of the grant that is not liquidated.  
 The state will be responsible for the amount of the grant that is not liquidated.

This letter is generated upon Cal EMA's closure of the Grant Award. This letter is your final notice that your Grant has been closed and any unspent funds have been de-obligated.





## NOTES:

[illegible]



## NOTES:

[illegible]



## NOTES:

[illegible]



## NOTES:

[illegible]